

**UNIVERSITY OF CAPE TOWN  
FACULTY OF MEDICINE**

**PARENT AND STAFF  
PERCEPTIONS OF SERVICES  
OFFERED TO YOUNG CHILDREN  
WITH DISABILITIES  
AT SPECIAL SCHOOLS.**

A Dissertation presented in partial fulfilment of the requirements for the  
Degree of Master of Philosophy (Maternal and Child Health).

By

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## **ABSTRACT**

This study explored the perceptions of parents and staff around the services offered to young children with disabilities in Special schools. Questionnaires were distributed to parents of young children with disabilities attending Special schools and to the professional staff working with these children. Six Special schools, under the auspices of the Western Cape Education Department and situated in the Cape Town Metropole, participated in the study. Questionnaires focused on the following themes: knowledge of disability, the nature and amount of contact enjoyed by staff and parents, the level of participation, consultation and decision making afforded to parents and staff and the extent to which parents and staff perceived that their needs were being met by the school. Findings highlighted a need among staff and parents for more knowledge around all issues of disability. This included information pertaining to disability as well as knowledge of the roles of various staff trained to work with the children. Parents voiced an additional need for information relating to their child's activities during a school day. Results also indicated insufficient contact between parents and staff. This impacted on the level of consultation and decision making afforded to parents. It also affected the way in which staff viewed interaction with parents as well as their attitudes towards them. Differences in parents' and staff's perceptions of the extent to which the schools met the needs of parents varied from school to school. It appeared that meeting the emotional needs of parents of young children with disabilities by the schools needed particular attention. Socioeconomic factors appeared to influence responses, especially in areas around knowledge of disability and the amount of contact maintained by parents with the school. Even though many parents wished to participate more in their child's school activities, financial and social constraints were cited as factors preventing this. This study is relevant in a time when changes are being implemented in the Special Education system, particularly when a more meaningful involvement is being demanded of parents in all aspects of school affairs. Recommendations are thus aimed at empowering parents and staff, with a view to strengthening the partnership between parents of young children with disabilities attending Special schools and the staff working at these schools.

## **ABBREVIATIONS USED**

SEN :	-	Special Educational Needs.
LSEN :	-	Learners with Special Educational Needs.
Pacsen :	-	Parents of Children with Special Educational Needs.

NOTE : Gender references to "he" and "she" have been used interchangeably during this study. This has been done for purposes of convenience and does not imply exclusion of either gender.

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# 1 Introduction

In South Africa, where the concept of Inclusive Education is still relatively new, many children with Special Educational Needs (SEN) are placed in schools catering for a specific disability e.g. Cerebral Palsy or Mental Handicap. Pupils admitted to these schools are taught according to a set curriculum and receive whatever therapy has been recommended during the assessment procedure prior to admission to the school. This therapy may take the form of Occupational therapy, Physiotherapy, Speech therapy or Psychological counselling. Many Special schools also provide certain medical or nursing services, usually related to the nature of the child's disability.

Because so few Special schools exist, children admitted to these schools often come from distant areas and have to stay in the school's hostel for the school term. The children who live in the city served by the school, are transported to and from their homes each day by means of school transport. This means that parents have little direct contact with staff working with their children, while staff may make unilateral decisions concerning the pupils in their care, often only notifying parents after the event. This situation is exacerbated in South Africa, where in many instances socioeconomic circumstances often make the logistics of implementing contact between parents and staff particularly difficult.

Special education in South Africa has historically been such that Special schools have assumed responsibility for the care, education or therapy required by the child, appearing to make many decisions and recommendations for the child, often with little prior consultation with the parents or primary caregivers of the child. Staff at these schools have traditionally regarded all behaviour, education and therapy - related issues as their domain, and have tended to frown upon any questioning of their decisions by parents, often perceiving such approaches in a negative light. As a result, parents have often been excluded from participation in issues affecting their children.

However, with the transformation of education in South Africa, aspects pertaining to Special Education are amongst the issues being reexamined. Parents have been acknowledged as stakeholders in the education process and the important role that they play in the education of their children has been recognised. Implicit in this belated acknowledgement is the assumption that parents have specific rights and responsibilities related to the care, education and therapy received by their children at Special Schools. Changes in thinking at policy - making levels are reflected in the fact that representatives of the Parent body, Pacsen ( Parents of children with special educational needs ), appear now to be routinely invited as participants in discussions and workshops relating to changes in Special Education.

Those involved in the education and therapy provided to children with disabilities at Special schools are also being challenged to rethink their roles in Special education. As Inclusive education gains momentum and as staffing in Special schools becomes increasingly depleted, new creative means have to be sought to optimally meet the needs of all children with disabilities. It seems that the development of a partnership between parents and staff at Special schools would be one productive and mutually beneficial way of meeting these needs.

The development of a healthy parent - staff relationship in the context of the Special school is necessary if the child with special educational needs is to be encouraged to develop to his optimal potential. This is arguably most important when the child is in the Pre-school and Junior Primary level, where a foundation for a positive or negative relationship with the school is laid. It is at this early stage that parents, by virtue of the youth and helplessness of the child, and by virtue of their own emotional needs in learning to understand and cope with their child's disability, most require empathy and support from school staff. If one accepts the principle of early intervention being vital for the optimal development of a child with a handicap, it is doubly important at this stage that parents and staff need to work very

closely together. For a parent to become empowered and involved requires a change in attitude on the part of both staff and parents.

A first step towards improved parental participation in their children's education would be to investigate the respective perceptions of parents of children with disabilities attending Special schools and the staff working with these children. Areas of conflict and of mutual understanding could then be identified and recommendations made to change and strengthen relevant aspects of the system. In this way, a true partnership of mutual respect and understanding between parents and staff could be enhanced and nurtured, the most significant outcome being the facilitation of the child's progress and development.



## 2 Literature Review

### 2.1 *Introduction:*

The education of children with disabilities in South Africa is at least twenty years behind world trends in terms of Mainstream Special Education and the philosophy which underscores it ( 1 ). While the concept of Inclusive Education has been implemented in most developed countries, children with special needs in South Africa are still placed in schools catering for a specific disability. Thus, they tend to be inflexibly labelled and categorized into a particular area of disability ( 2 ). This "exclusive" philosophy differs from that embraced by Inclusive education, which embodies differentness as a precious and important part of being human ( 3 ). In contrast, schools based on exclusive education are defined by Ballard ( 3 ) as focussing on the extraordinary aspects of differentness, with accompanying negative connotations. While Skuy and Partington ( 4 ) concede that during the past decade there have been some improvements in the provision of special education facilities, and in general attitudes towards education in South Africa, they also remark on the conceptually antiquated and narrow minded approach which characterises the special education system.

The Education system in this country, which has to date been traditional and hierarchical in nature, has assumed full responsibility for the education and management of children within its care and has tended to not welcome or encourage any meaningful partnership with parents in this regard. Belknap ( 5 ) of Pacsen, feels that the mindset was epitomised by the following statement: "give us your child to educate, let us get on with the job as we see fit, and don't interfere".

This perception appears to be borne out by the fact that it was only in March 1995 that a Government Gazette Proclamation, outlining the proposed transformation of education and describing Education Support Services and Education services for Learners with Special Educational needs, acknowledged that parents, teachers and students in both formal and informal sectors of the education and training systems are all beneficiaries of and participants within these services ( 6 ). Since this proclamation, the role of parents as partners in the education of their disabled children has become increasingly recognised as being of value. Bray ( 7 ) asserts, for example, that the role of parents as equal partners in a democratic education system cannot be underestimated. This includes having important rights and responsibilities in the management of the school and in education in general. Furthermore, the parent's right to receive information on the child and to expect confidentiality on private issues concerning the child should be recognised ( 7 ).

Although the process of how to involve parents in their children's' education on a practical level has not yet been fully explored, it is envisaged that some clarity regarding parental roles, rights and responsibilities will be forthcoming when the National Commission on Special Needs in Education and Training presents its findings and recommendations towards the end of 1997. This Commission aims to address all aspects of special needs in education and training and in the education support services. In the meantime, however, increasing emphasis is being placed on the necessity for parents to be involved in the governance of the school. This new thinking is reflected in the Provincial Gazette Extraordinary 5154 of July 1997, where measures relating to the establishment of Governing bodies of public schools for LSEN are prescribed - it is laid down that parents comprise approximately half the members of the Governing body, while educators, learners, disabled persons and representatives from various appropriate organizations make up the balance ( 8 ).

This situation may be compared with that in most developed countries, where parental participation in education has long been both expected and encouraged. The Warnock Committee, established in Britain

in 1978 to investigate special educational needs, argued that the full involvement of parents was necessary for the successful education of children with special educational needs ( 9 ). The Education Act of 1981 reaffirmed the importance of parental involvement in the assessment of their children's needs, while the Code of Practice accompanying this Act emphasised the effect of the relationship between parents of children with special educational needs and the school on the educational progress of the child ( 9 ). The Parents Charter carried this notion further by detailing Governmental plans to change certain existing practices in special education, as well as informing parents of their rights and responsibilities. This Charter was aimed at helping parents to become more effective partners in their child's education ( 10 ).

The approach of the United States of America's Education authorities is very similar to that of the British. Parents of children with special needs have become increasingly involved in educational decisions that affect their children. This philosophy has become enshrined in law as one of the six major principles of Public Law 94 - 142 of 1975 ( 11 ) which guarantees the rights of parents to play an important role in sharing responsibility with the public education system in the education of their children with disabilities.

While legal rights are extended to parents to participate in educational decision making regarding their children, Turnbull and Turnbull ( 12 ) emphasise that this alone does not ensure active or meaningful involvement. Both parents and professionals are challenged to accept responsibilities in such areas as learning to communicate with each other, consulting in decision making and being accountable for their actions and decisions ( 12 ). In this way, parents, as well as all those involved in the education and therapy provided to the child may become allies in the educational and therapeutic process, thereby enhancing the development of the disabled child.

The Salamanca Statement of 1994 reaffirmed the importance of the role played by parents in the education of their disabled children. Here, participants representing ninety two governments and twenty

five international organisations discussed ways and means of attaining the objective of inclusive education for all, thereby enabling schools to serve all children, particularly those with SEN ( 13 ). Much emphasis was placed on the need for developing a cooperative, supportive partnership between school administrators, teachers and parents, in which parents should be regarded as active partners in decision making. Thus, parents should be encouraged to participate in educational activities at home and at school, as well as in the supervision and support of their children's learning ( 13 ).

## **2.2 Parent's Role:**

The apparent marginalisation of parents by the education system in South Africa seems to have resulted in the disempowerment of parents, who have often been allowed little influence in the making of decisions which impact both upon their children and upon the family as a whole ( 5, 14, 15 ). Wolfendale ( 14 ) confirms that parents have traditionally been treated as clients rather than as partners. As such, they are regarded as dependent on the opinion of professional staff and peripheral to decision making, and perceived as "inadequate" or "deficient". Parents have thus been made to feel helpless and powerless.

While this situation has been evident in mainstream education, it is even more marked in Special Education, where parents remark how anxious and intimidated they feel when being required to deal with a team of specialists, comprising doctors, psychologists, therapists and so on ( 5 ). This situation can result in such emotions as resentment, anger, inadequacy, loss of self confidence and feelings of loss of locus of self control ( 15 ). According to Jansen ( 16 ), little South African based research dealing with the relationship between young children with disabilities, their families and their schools, is available. Nevertheless, Brummer ( 17 ) reports that parents of children with a handicap attending a Special school in Cape Town expressed strong views on their perceived exclusion from the education process. This included interaction around the assessment procedures used to determine their child's level

of functioning, as well as consultation with regard to day to day management, teaching and therapy issues.

The importance that parents attach to their role in the educational and therapeutic management of their children with handicap is best summarised by the following statement issued by Pacsen ( 18 ): "parents are an integral part of the team responsible for that child's personal growth, and that (sic) the parent's role is vital to achieving an optimal level of response to the child's needs .

Furthermore, Pacsen maintains that parents need to be fully involved in the therapeutic process for the accurate and appropriate assessment, referral and placement of learners with special educational needs ( 19 ). The Disability Rights Charter of South Africa also demands that parents of children with disabilities be given the right to participate in the planning and provision of their children's education ( 20 ).

While extensive international study has been devoted to the investigation and development of various models of parental participation, it is noteworthy that scant research regarding parents' actual perceptions and feelings related to their children's attendance at Special schools appears to exist. However, *Parents speak out* ( 21 ) is a collection of writings in which parents of disabled children attempt to capture their experiences, needs, joys and sorrows, successes and failures in rearing their children. In this collection, such powerful emotions as frustration, anger, confusion and resentment surface continually in descriptions of dealings with professionals. Many parents expressed a need for information, skills, knowledge, management techniques, individual and group therapy to help them cope better in rearing their disabled children ( 21 ).

The need among parents for support and information, particularly in the preschool years appears to be a recurring theme ( 22 ). When service needs of families of children with severe physical disability were

investigated, results indicated evidence of considerable unmet need ( 23 ). The complexity of parental perceptions and attitudes towards their participation in their children's education and therapy is discussed by Orlowska ( 24 ) and Riddick ( 25 ), who both conclude that there remains a great need for research into this area.

### **2.3 Staff Role:**

Discussion thus far has centred around the importance of parental participation in disabled children's education and therapy, while little attention has been paid to the perceptions and opinions of staff working with these children at Special schools. The role played by staff within a South African context is of particular interest, particularly during this time when changes are being mooted and implemented within the South African educational system.

The roles of all staff employed at Special schools, most especially those of professional staff i.e. teachers and therapists, are being challenged at present. The climate of uncertainty and insecurity currently prevailing in South African education has inevitably resulted in a loss of motivation and a drop in morale among many teachers ( 26 ). This situation also impacts on the children's educational progress. This situation may be exacerbated in Special schools, where most teachers have no training in dealing with special educational needs, and may find having to cope with the extra demands posed here especially stressful ( 27 ). Poorly trained teachers will find the task of working with children with disabilities even more daunting, and may manifest their anxieties and inadequacies in negative behaviour towards parents ( 18, 27 ). While therapists within schools have, as part of their training, been equipped to work with children and families within the Special school milieu, they also have to cope within the same negative climate.

Parents, as noted previously, have not been recognised as experts on the subject of their own children ( 21 ). They have not always been regarded as members of a transdisciplinary team, and in many instances

have been patronised by professional staff because they are perceived to be lacking in "specialist" knowledge ( 5 ). Training of professionals in this country has tended to reinforce the stereotype of those with specialist knowledge being deemed to be more or less omniscient, and whose decisions should therefore not be questioned ( 2 ).

This attitude is typical of the so-called Expert Model where professionals take total control and make all the decisions. Professionals only consider parents valuable in so far as they are necessary to carry out any instructions given to them in relation to the professionals' objectives ( 28 ). However, Cunningham and Davis ( 28 ) posit the Consumer Model as a more positive approach. In this model, parental responsibilities and expertise are acknowledged, negotiation takes place between parent and professional in a collaborative partnership, and communication is open and accurate. They assert that "professional power is not entirely determined by their professional status, but by their effectiveness in establishing the negotiating processes and helping to find solutions" ( 28 ).

Little research appears to be available in the South African context about how staff feel about such issues. However, this is a current topic of discussion, taking place under the auspices of the National Commission on Special needs in Education and Training ( 29 ). Notwithstanding the paucity of South African research in this area, the Derbyshire Review of 1984 sheds some light on the views of professional staff at Special schools. Parents, professionals and organisations involved in the assessment of children with disabilities were invited to contribute ideas and opinions related to this process. Although staff generally indicated that they welcomed greater parental participation in decision making, many expressed some reservations. Such reservations included concerns that the time spent in consultation with parents would prolong the time taken in meeting a child's special educational needs ( 30 ). Parents were also not seen as always acting in their children's best interests. The inference to be made from these findings indicates that the old, somewhat paternalistic view of parents as clients, rather than as partners still holds to some extent ( 30 ).

Continuing the theme of teachers needing to be receptive to parents concerns and expectations, Jeffree and McConkey ( 31 ) emphasise that dialogue and mutual respect is crucial and discuss ways and means whereby teachers can establish a collaborative relationship with parents. Tobin, too, underlines the necessity for a partnership between professional staff and the families of children with disabilities for the emotional wellbeing of both the child and his family ( 32 ).

Other professionals involved in the education and therapy of a child with a disability attending a Special school include Psychologists, Occupational Therapists, Physiotherapists and Speech Therapists. Again, little research regarding their perceptions appears to have been conducted. Even though they have been trained to respect the views and wishes of parents, their very status as "professionals" has also rendered them victims of the "expert model", where "too much" involvement by parents in therapy related issues has been discouraged ( 28 ).

Recent research points to the pivotal role parents play in therapy. Anderson and Hinojosa, in discussing the concept of parents and therapists in a professional partnership, argue that the time the Occupational Therapist spends with parents may be more important and therapeutic than the time she spends in direct treatment of the child ( 33 ). This is clearly a radical departure from the traditional, conventional practice of therapists in schools "treating" children, with only occasional contact with that child's parents. It also serves to emphasise the importance of involving the parent in the therapeutic process. This clearly has implications too, not only for the training of therapists, but also for the training of all staff interacting with parents.



## **2.4 Conclusion:**

Different aspects of the relationship between parents of disabled school going children and the professionals dealing with these children have been discussed. The value of a partnership appears undisputed, but the challenge appears to lie in clarifying exactly how parents and professionals view the nature of such a partnership ( 5 ). How to motivate, establish and sustain such a relationship at a grass roots level in Special Schools needs to be addressed. The situation described by Jeffree where the parents and the class teacher, who are easily the child's most important teachers, often work in ignorance of what the other is doing should be explored and revised ( 31 ).

While increased involvement of parents is necessary and laudable, caution must be exercised in imposing such values on overburdened parents who are often unable to meet these expectations, especially in the South African context where many socioeconomic and other constraints act to hinder such an optimal situation ( 34, 35 ). The individual nature of parent involvement, as well as the need on the part of some parents to be less involved, has been acknowledged by Turnbull and Winton ( 36 ).

There are clearly a number of pertinent issues around the area of parent - staff partnerships which need to be explored. Elaboration of such issues may assist in the development of appropriate strategies to satisfy all role players and best meet the many and varied needs of the child with a disability.

### 3 **Goal and Objectives of Study**

#### 3.1 ***Goal of Study***

- To determine differences in subjective experiences, attitudes and perceptions between parents of young children with disability and educators of these children of the service provided in Special schools.

#### 3.2 ***Objectives of Study***

- To determine the subjective experiences, attitudes and perceptions of parents of young, children with handicap attending Special schools.
- To determine the subjective experiences, attitudes and perceptions of staff members i.e. teaching and therapy staff, employed at Special schools.
- To make recommendations towards strengthening the relationship between parents of young children with handicap attending Special schools and the staff employed at Special schools.

## **4 METHODOLOGY**

### **4.1 Study Design**

The study is observational and descriptive, using a cross sectional survey design.

### **4.2 Population and Sampling**

#### **4.2.1 Population**

The target population comprised parents of young children with disabilities attending Special schools and the professional staff working at Special schools.

Subjects targeted were parents of children in the Preprimary and Junior Primary phases of Special schools. Young children with disabilities at Special schools are placed in the Preprimary and Junior Primary phases of the school. The Preprimary phase generally caters for children from the ages of approximately 3 years up to 7 years , while the Junior Primary phase comprises Grade 1 up to and including Standard 1. Pupils in the Junior Primary phase are usually approximately 7 to 10 years old.

Staff employed at Special schools include professionally trained Psychologists, Teachers, Occupational Therapists, Physiotherapists, Speech Therapists, Remedial teachers, Doctors and Nurses, as well as non professional Class Assistants, Bus Drivers and Maintenance staff. For the purposes of this study, the target population comprised all the professional staff working at Special schools involved with disabled children in the Preprimary and Junior Primary classes.

#### **4.2.2 Sampling**

There are approximately twelve Special schools in the Cape Town Metropole under the auspices of the Department of Education. At least three of these schools do not provide services for preschool children which thus precluded them from the study. For practical purposes, seven Special schools, all operating within a specific radius of the University of Cape Town and catering for children with a variety of disabilities, were selected for inclusion in the study. This enabled the researcher to compare the perceptions of parents of children with differing handicaps. As these schools are also drawn from different socioeconomic areas, this variable and it's possible role in influencing staff and/ or parent perceptions, could also be looked at.

Initially, it was thought that either simple or stratified random sampling of approximately 40 parents from each Special school would be necessary i.e. approximately 20 parents each of children in the Preschool and Junior Primary classes. However, when it was realised that numbers of all children in these classes rarely exceed 65 in total, all parents of children in this group were invited to complete questionnaires. Similarly, as the number of professional staff working in these classes is usually not high, all staff were included. Thus simple or stratified random sampling was not done.

### **4.3 Measurement**

Anonymous, self administered questionnaires, in both English and Afrikaans languages, were distributed to all participants in the study. Different questionnaires were distributed to parents and to staff. A covering letter explaining the purpose of the study and inviting participation accompanied each questionnaire. An example of the letter and questionnaire sent to parents is shown in Appendix A, while an example of the letter and questionnaire sent to staff is shown in Appendix B.

The questionnaires comprised open ended, partially closed and closed questions, as well as a number of Likert type scales. Questions were designed to explore the nature of perceptions of parents of young disabled children and professional staff around the services offered at a Special school. Although parents and staff received different questionnaires, the questions in both questionnaires followed similar themes. These themes included knowledge about disability, contact between parents and professionals, and issues relating to consultation, participation and decision making . Questions relating to the meeting of needs, quality of service and ways of improving the service were also included.

#### **4.4 Procedure:**

The following steps were taken in initiating and implementing the research study :

Once approval for the study had been granted by the Faculty of Medicine of the University of Cape Town on 2 January 1997, a letter requesting permission to conduct this study in Special schools was sent to the Department of Education. Permission, subject to certain conditions, was granted on 24 February 1997 ( see Appendix C ).

As Department of Education directives specified that School Principals also needed to agree to the research being conducted in the schools within their auspice, letters were sent to the Principals of seven Special schools within the Cape Metropole. Each letter described the purpose of the study and requested permission to conduct research in that particular school. Approval for this, either written or telephonic, was granted by six Principals. Despite follow up, no response was received from the seventh school.

While awaiting responses from the School Principals of these schools, a pilot study was undertaken. As all Special schools within the Cape Town Metropole which were eligible to participate in the study had already been contacted, a Training Centre School was approached with a view to piloting the questionnaire. With the Principal's permission, questionnaires were distributed to all parents of children in the Preschool and Junior phases of the Centre, as well as to all professional staff working with these children. These questionnaires were distributed at the end of March 1997, and collected in mid-April 1997.

A response rate of 78% and 80% for the pilot Parent and Staff questionnaires respectively was achieved. Questions causing confusion or misunderstanding in the questionnaires were identified. Respondents' comments were also noted so that any areas of concern regarding the answering of specific questions could be addressed. Using the piloted information as a basis for adaptation, the

questionnaire was refined until it was thought to be most appropriate and relevant for the objectives of the study.

The adapted questionnaires were distributed to all six Special schools during May 1997. Completed questionnaires were collected throughout June 1997. Because of the logistics involved in visiting each participating school, contact was established with a staff member in each school who undertook to distribute all questionnaires to the designated target population. Numbers of pupils and staff were confirmed and a batch of questionnaires was then sent to each school. All questionnaires were collected approximately two weeks after their distribution.

#### ***4.5 Description of schools participating in the study***

Six Special schools, under the auspices of the Western Cape Education Department and situated within the Cape Town Metropole, participated in this study. As this Department of Education stipulates that no school should be able to be identified in any way, these schools were designated Schools A, B, C, D, E and F. For purposes of eventual analysis it is necessary to provide brief demographic and other relevant information about these schools, while still retaining their anonymity. Schools A and B both admit mainly pupils with the diagnosis of Cerebral Palsy. While both schools primarily serve children from socioeconomically disadvantaged communities, School A enjoys a relatively large staff complement compared to School B, which caters for fewer pupils and has a correspondingly smaller number of personnel in its employ.

School A accommodates children from a Preschool level to Grade 12, and also provides a practically oriented programme for those pupils who cannot manage the demands of an academic programme. School B, originally established as a satellite of School A, only accommodates pupils up to a Grade 7 level, after which they are transferred to School A.

Schools C and D both cater for children with Pervasive Developmental Disorders - School C services many children from families of lower socioeconomic status, while School D characteristically draws pupils from more privileged communities.

School E admits children with a variety of neurologically based diagnoses, while School F caters for children diagnosed with different physical disabilities. Again, School E pupils tend to be drawn from relatively advantaged backgrounds, while the pupils from School F appear to come from relatively less advantaged socioeconomic situations. Both schools accommodate pupils from Preschool through to Grade 12

#### **4.6 *Sources of bias***

Some social desirability bias may have existed among both parents and staff participating in the study. Subjects may have felt obliged to give "correct" answers rather than honestly reporting their real perceptions. To counter this, all participants were assured that their responses would be treated confidentially.

The researcher was also known to certain personnel in a number of the schools and it may be possible that this influenced the response rate of staff from these schools.

#### **4.7 *Statistical methods***

All responses were recorded on a data capture sheet for subsequent analysis. Descriptive statistics consisting of frequencies, percentages and means, were calculated on all the variables, for each separate group. Schools catering for similar disabilities were statistically compared using a chi square test ( $\chi^2$ ) for categorical variables assuming equal variances i.e. Schools A and B, Schools C and D and Schools E and F were compared with each other. A significance level of 5% was used.

#### 4.8 ***Ethics***

The research proposal was approved by the Ethics Committee of the Medical Faculty of the University of Cape Town.

Respondents in the study participated voluntarily, after they had been informed of its nature and purpose. All efforts were made to ensure the anonymity of respondents, while all information received was treated confidentially. An exception was made in those few instances where parents specifically requested that certain issues of a personal or practical nature were followed up. Where possible, such issues were brought to the attention of appropriate personnel.



# 5 Results

## 5.1 Parent Questionnaires

Response rates of parents from the different schools are shown in Figure 1. With the exception of School E, the response rate was at least 50%.

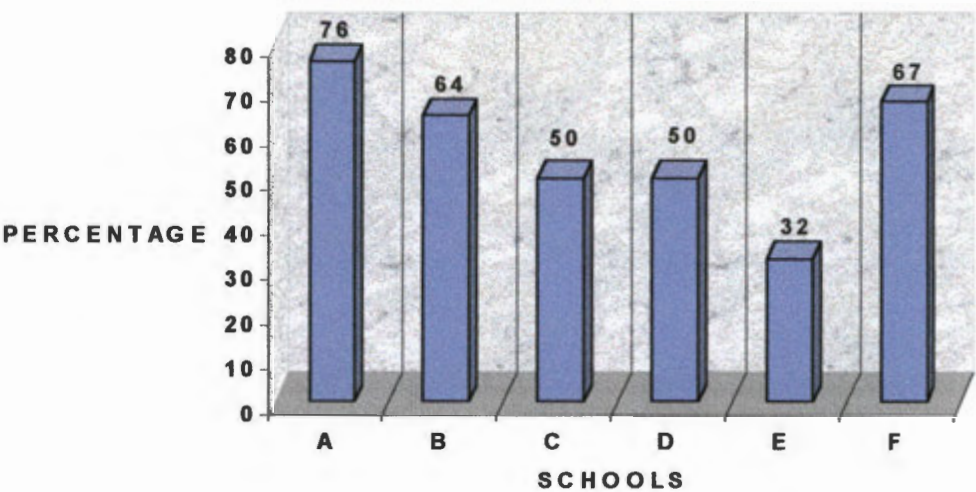


Figure 1 : Response Rate of Parents

Findings are described around the four main themes of the questionnaire:

1. Parents' knowledge of disability, and related issues.
2. Level of contact with the school.
3. Level of consultation, participation and decision making.
4. Perceptions around meeting of needs and quality of service.

Comprehensive findings of the Parent Questionnaire are shown in Appendix D, where actual scores are given.

Parents' knowledge of disability, and related issues:

While almost all parents indicated that they had been informed of their child's disability, most still felt that they needed to know more about the disability.

Information provided to the parent does not necessarily mean that he or she understands the nature of the disability. Appendix E shows examples of inaccurate or incomplete diagnoses supplied by a number of parents. Such inaccurate diagnoses include "gestrem", "meningitis" and "nerves". The exception here is School D where significantly fewer parents feel that they need to know more about their child's disability. Findings here are depicted in Figure 2.

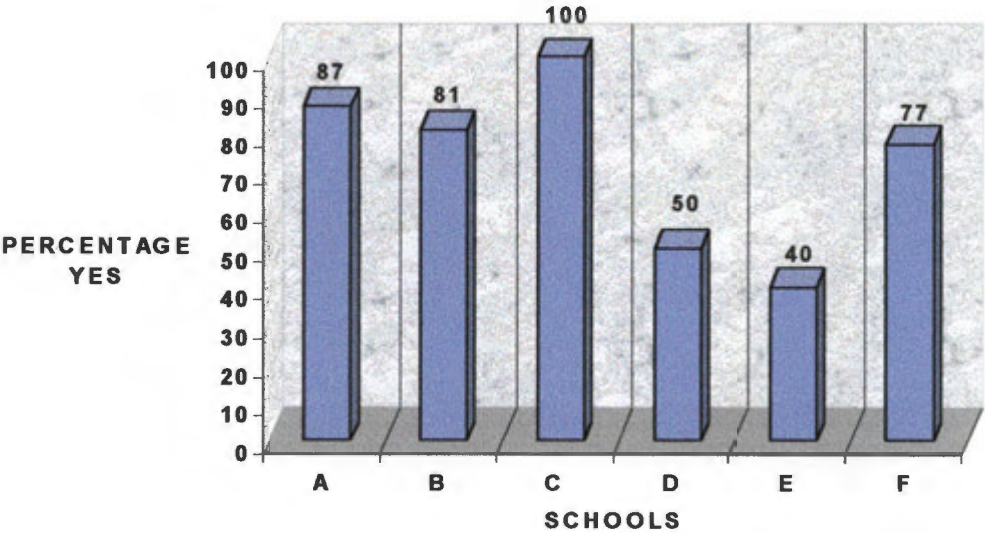


Figure 2: Need to Know More about Disability

The parent's knowledge of the child's disability extends to an understanding of the role played by various staff in the therapy and education of the young disabled child. Findings indicated that few parents show full understanding of staff roles. Parents from Schools A, B and E generally were less knowledgeable about staff roles than were parents from the remaining schools. A statistically significant difference in response between Schools C and D was noted ( $\chi^2 = 8.6, p = 0.0034 < 0.05$ ). A statistically significant difference in response was also found between Schools E and F ( $\chi^2 = 4.6, p = 0.0320 < 0.05$ ).

Examples of responses to questions surrounding the role of various staff members are contained in Appendix F. The role of the Teacher and the Class Assistant were best understood, while the roles of all other staff appeared generally incompletely understood or were misinterpreted. Particular confusion appeared to exist in the understanding of the roles of the Psychologist and Physiotherapist.

A wide range of responses was obtained when parents were asked if they felt they had enough knowledge of their child's activities during a school day. Responses here are shown in Figure 3

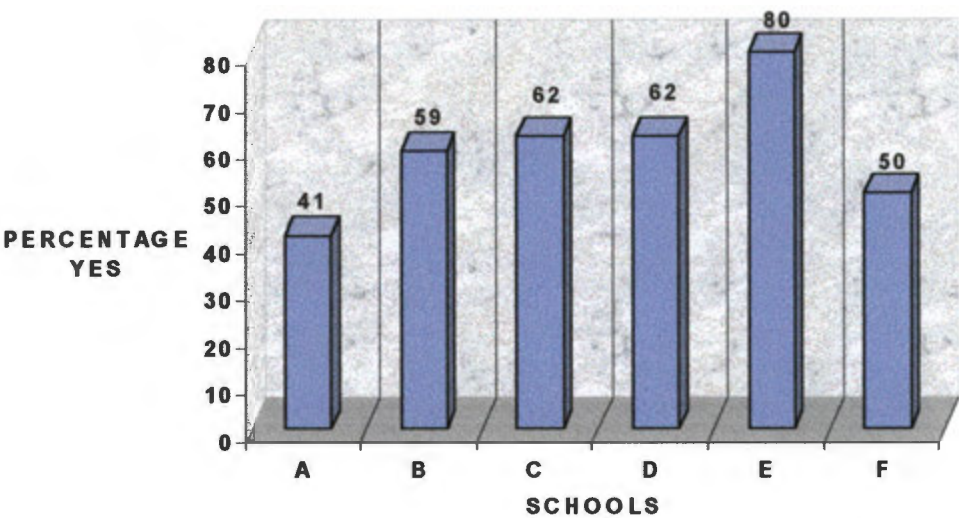


Figure 3 : Knowledge of Childs Activities during School day

Parent contact with the school:

Every parent indicated that he would contact the school if he was worried about some issue affecting his child. Figure 4 shows that most parents have some level of contact with the school, with the majority of parents having at least occasional contact. If parents do contact the school, 60% generally contact their child's teacher. However, they will contact other staff if they have a concern related to a specific issue eg. supervision of medication or provision of assistive devices. A number of parents ( 20% ) indicated that they would contact the Class assistant, while no parents appeared eager to contact the school's Social Worker.



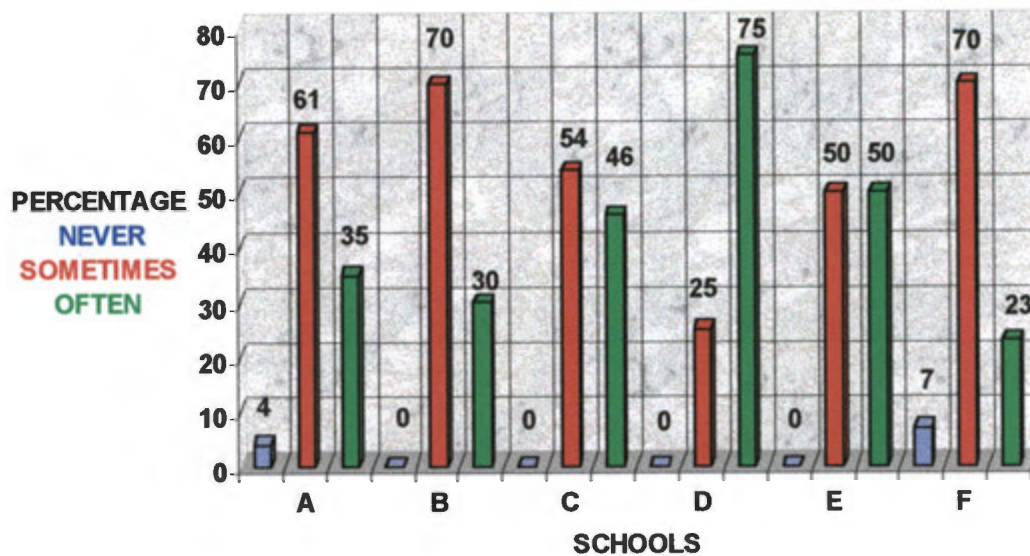


Figure 4 : Parent Contact with School

Regardless of the amount of contact they have with the school, most parents feel quite comfortable initiating contact with staff members as well as discussing relevant concerns with them. It is evident that the parents of all the schools surveyed share a positive attitude towards contact with staff members.

A statistically significant difference in response between Schools C and D was noted ( $\chi^2 = 6.2$ ,  $p = 0.044 < 0.05$ ). A statistically significant difference was also found with regard to the overall response between Schools A, B, C, D, E and F ( $\chi^2 = 20.48$ ,  $p = 0.025 < 0.05$ ).

It does not, however, follow that parents feel they have enough contact with staff members. Most parents expressed a wish for more contact with various staff members involved with their child. School E parents indicated less of a need for more contact than did parents of other schools. However, according to responses recorded in Questions 9 - 13, parents of this school already feel positive regarding their level of contact and interaction with the school.

It can thus be inferred that School E's parents feel that they enjoy enough contact with staff members already. A statistically significant difference in the response between Schools E and F in Figure 5 was noted ( $\chi^2 = 6.5$ ,  $p = 0.0106 < 0.05$ ).

Parents' wishes for more contact with staff members is shown in Figure 5.

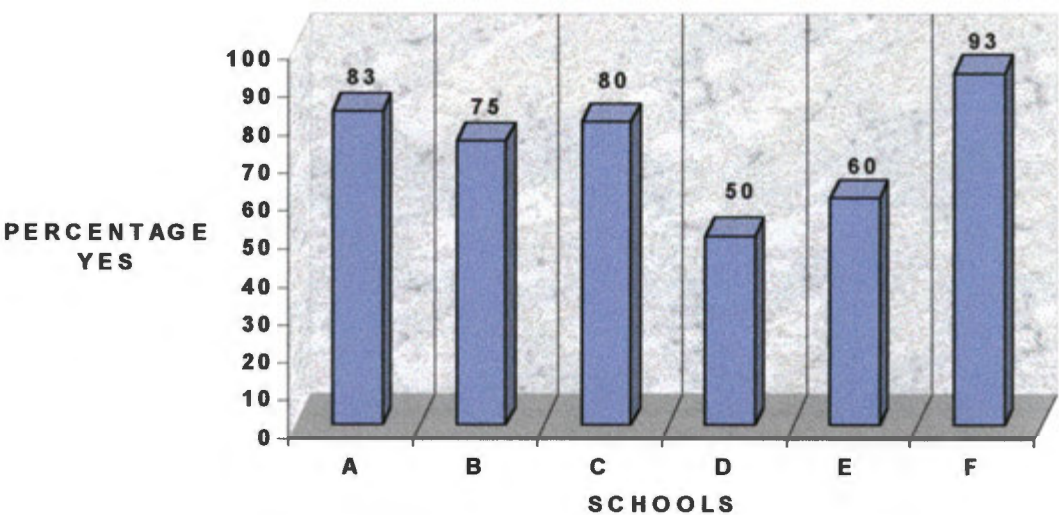


Figure 5 :Wish for More Contact With Staff

Consultation, participation and decision making:

Some schools appear to consult more with parents than other schools. Percentages of consultation for each school are shown in Figure 6.

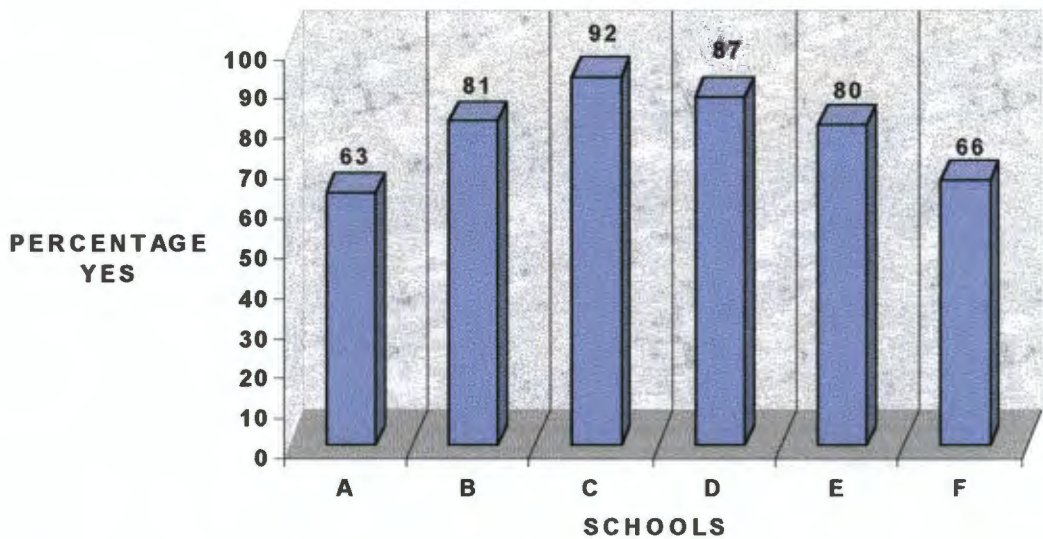


Figure 6: Does the School Consult with the Parent

Figure 7 depicts the percentage of parents who feel that the school consults enough with them regarding matters concerning their children. It is evident that those parents who indicate that the school consults less with them are the ones who reflect fewer positive responses regarding adequacy of consultation.

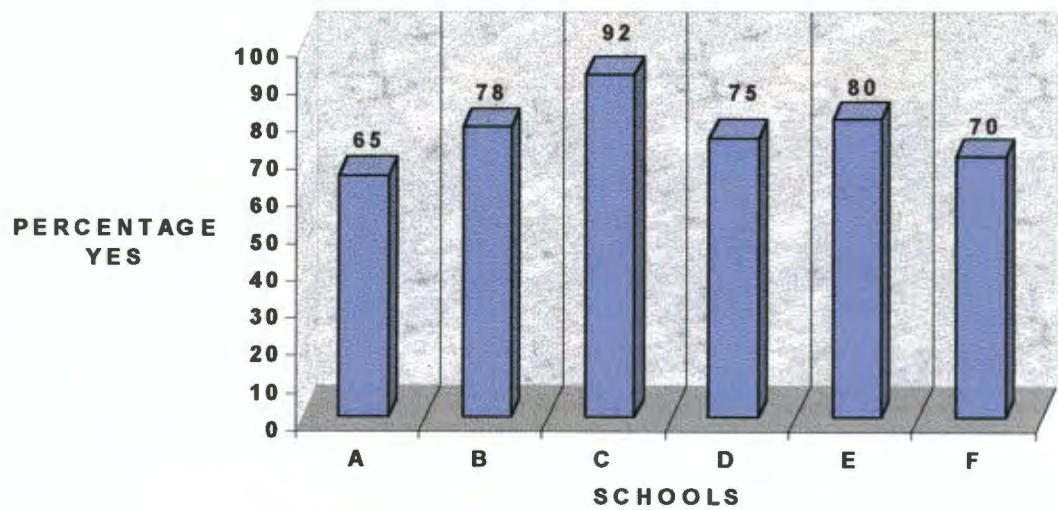


Figure 7 : Does the School Consult enough with Parents, regarding the child's interests



Common feelings regarding participation are shared by parents from all schools. Figure 8 indicates that a resounding majority of parents wish to participate in team meetings during which all team members discuss aspects of their child's education and therapy.

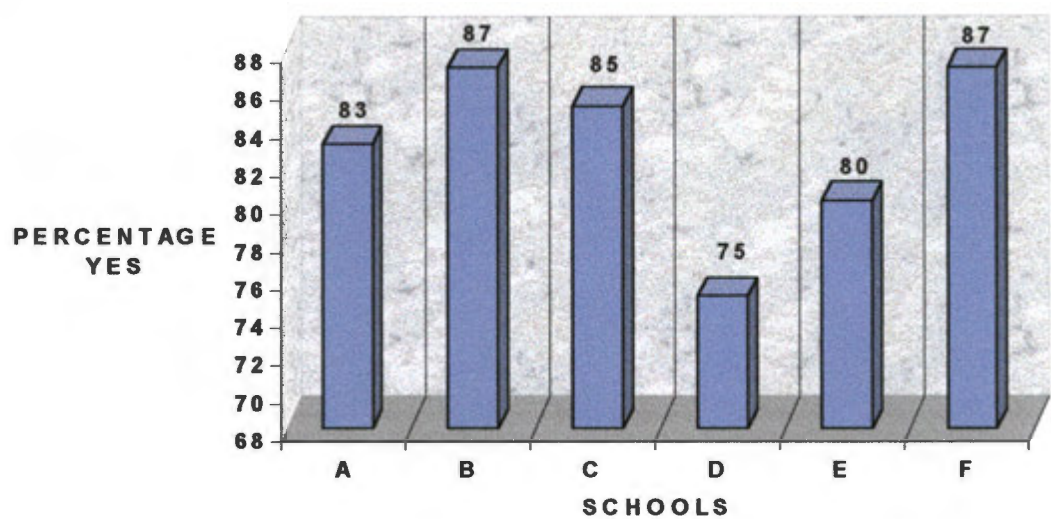


Figure 8 : Wish to Participate in Team Meetings

Many parents, particularly from Schools A and B, expressed a wish to participate more in their child's day to day classroom education. However, the same parents indicated that despite the desire to be more fully involved, they were usually unable to do so due to constraints relating to family, financial and work pressures. A correspondingly higher percentage of parents from all schools wished for more participation in their child's therapy, even though the same constraints applied. School A and B parents, in particular, voiced these concerns. Parents indicated least desire to become more involved in the child's extramural activities, an area where, traditionally, schools have encouraged parental participation. Parents from School E indicated least desire to participate in their child's extramural activities.

A statistically significant difference in response between Schools E and F in Figure 11 regarding parent's wishes for more participation in their child's extramural activities was noted ( $\chi^2 = 7.2$ ,  $p = 0.0074 < 0.05$ ). Responses relating to parents' wishes for increased participation in different areas of the child's school day are shown in Figures 9, 10 and 11.

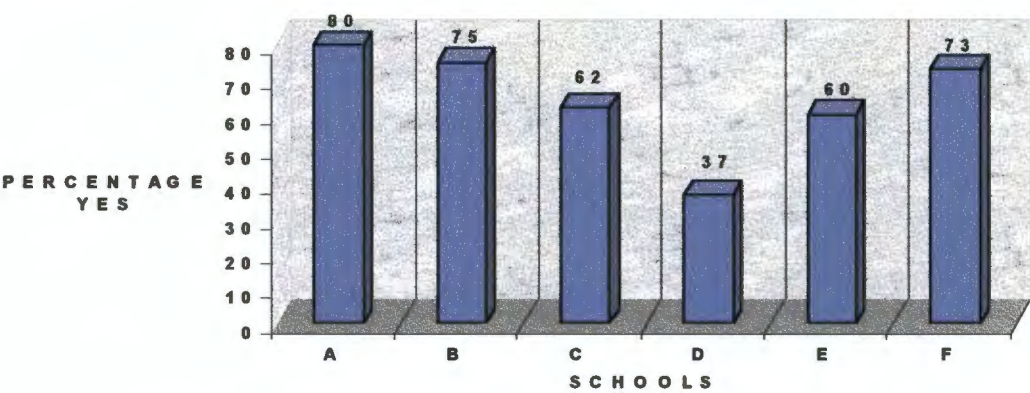


Figure 9 :Wish to Participate More in Child's Classroom Activities

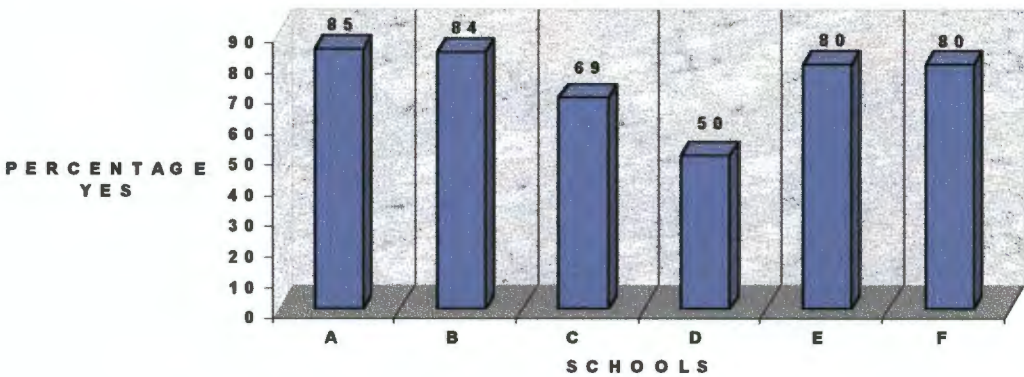


Figure 10 : Wish to Participate More in Child's Therapy

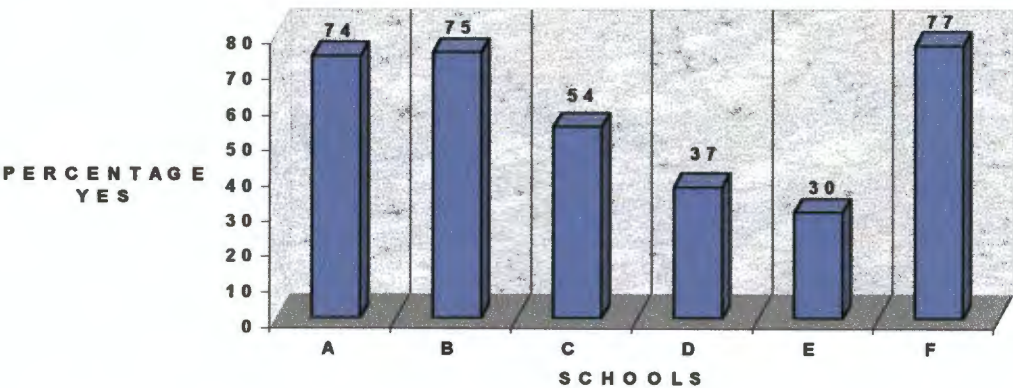


Figure 11 : Wish to Participate More in Child's Extra Mural Activities



Generally, the majority of parents feel that the schools their children attend welcome their involvement in the child's education and therapy. Certain parents ( 20% ) from School E qualified their response by commenting that the school only welcomes their participation in a conventional way and is not particularly receptive to being questioned or challenged. These parents felt that schools welcomed their interest and involvement only insofar as it pertained to functions traditionally undertaken by parents, such as fund raising or assisting in the school tuckshop. Similar comments were made by a fraction of parents from other schools. This seems to indicate that schools, although aware of the need for collaboration with parents, still operate from a fairly traditional base in encouraging this. Where decision making is concerned, a range of responses was received. Whereas 92% of parents from School C felt that they had enough say in matters concerning their child at school, only 60% of parents from School F responded positively to Question 13. These disparities may point to differences in management style and attitudes and in subsequent practices of the two schools.

Meeting of needs, perceptions of quality of service:

On being asked whether the school meets their physical needs as a parent of a young child with a disability, a fairly wide range of responses was obtained. Whereas 72% of parents from School A responded positively, 100% of parents from School E felt that their physical needs were being met. As regards emotional needs, parents in every school felt that these needs were not being met as well or as completely as were their physical needs. Parents' perceptions are shown in Figure 12 and Figure 13.

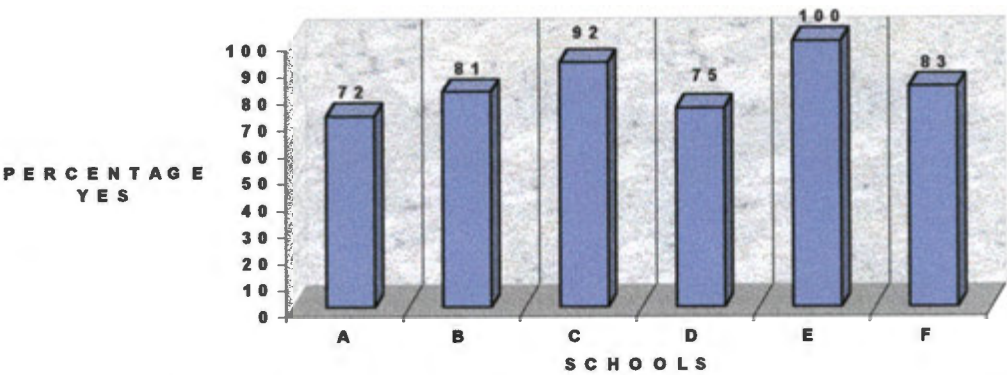


Figure 12: Enough Done by School to meet Physical needs of Parent

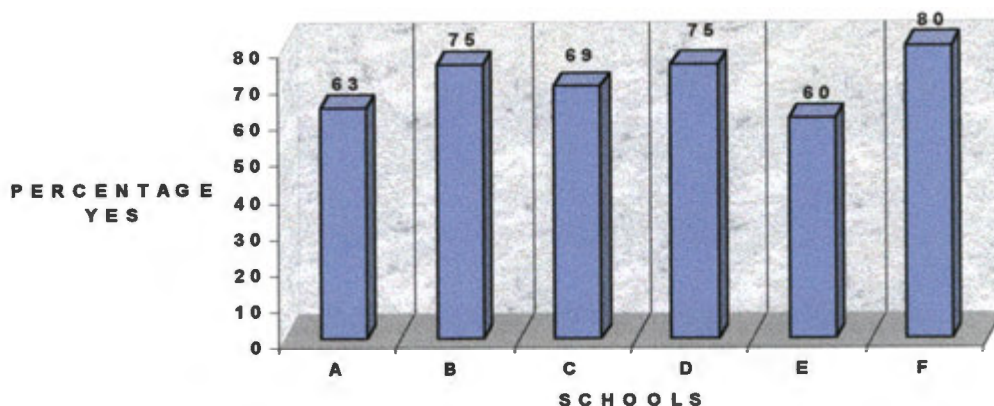


Figure 13: Enough Done by School to meet Emotional needs of Parent

With the exception of School F, at least half of parents from each school indicate that they have some needs or queries which, in their opinion, should be addressed by their respective schools. Such needs were described by many parents who availed themselves of the page provided for additional comments. Many parents' comments pertained to purely practical issues, such as times of arrival of school buses and the need for frequent monitoring of stoma bags. However, other themes around parents' needs for information and support also emerged. Parents' remarks incorporated many requests for the establishment of support groups and many concerns about the dwindling numbers of therapists in Special schools. Parents from the more advantaged schools tended to remark on general issues around staffing and services, while parents from less privileged school communities focused more on practical issues affecting their children. Appendix G includes copies of samples of parental comments around these issues.

Parents' ratings of the quality of service provided by the school their child attends are shown in Figures 14 to 19. A statistically significant difference in response between Schools A and B regarding parent's ratings of services provided was noted ( $\chi^2 = 25.5$ ,  $p = 0.0000394 < 0.05$ ). Although some schools



fare better than others in terms of parental ratings of their service, no parent regarded the service provided as "very poor" or "poor". Responses ranged from a rating of "satisfactory" through "good" to "very good." Furthermore, when asked whether the school could improve its service in any way, a large number of parents indicated a general feeling of satisfaction with the services offered by each school.

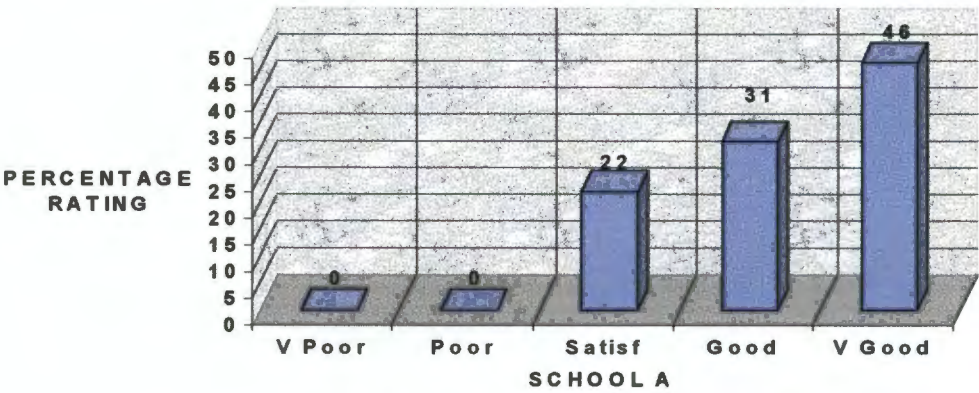


Figure 14: Rating of Service Provided by School A

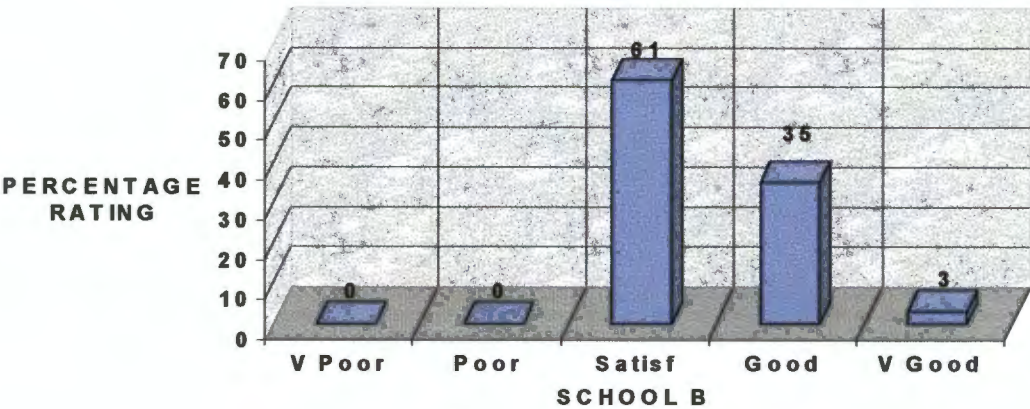


Figure 15: Rating of Service Provided by School B

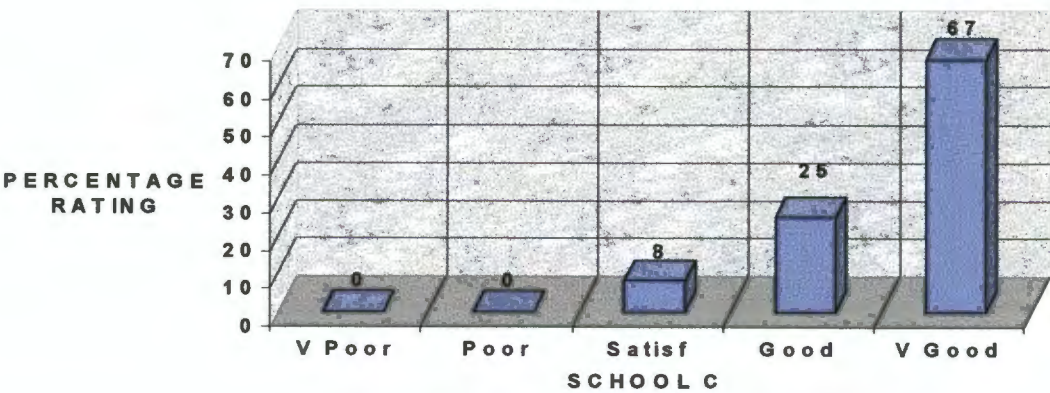


Figure 16: Rating of Service Provided By School C

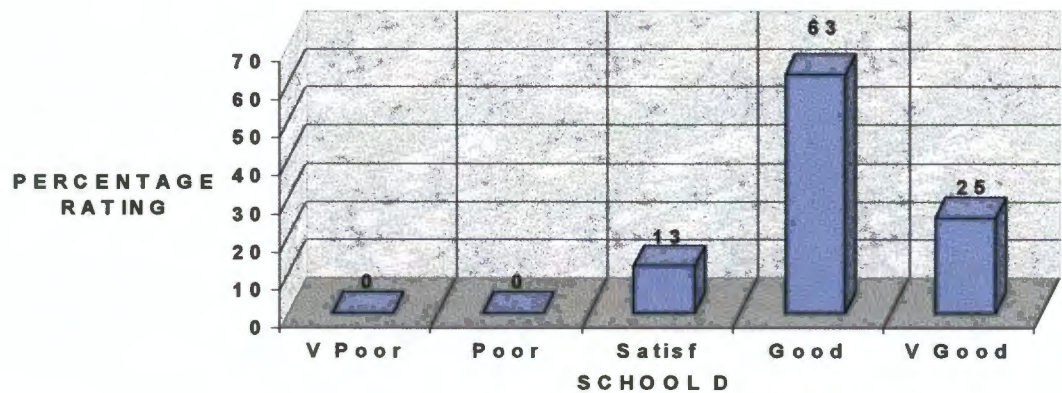


Figure 17: Rating of Service Provided by School D

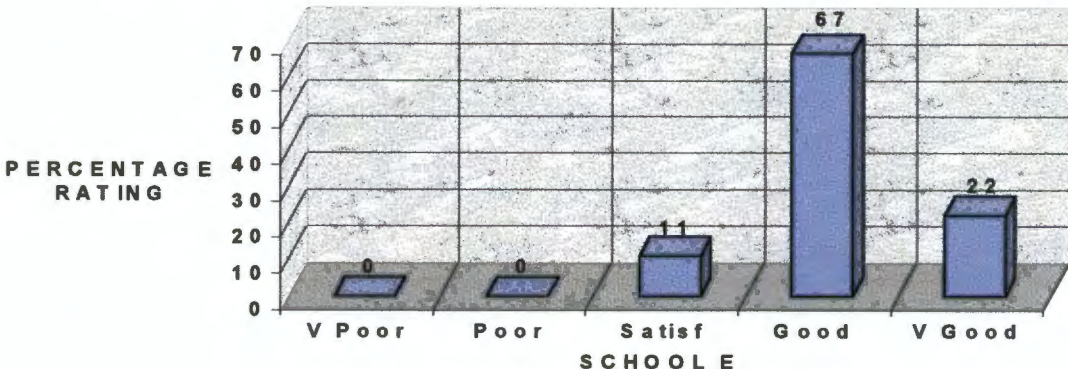


Figure 18: Rating of Service Provided by School E

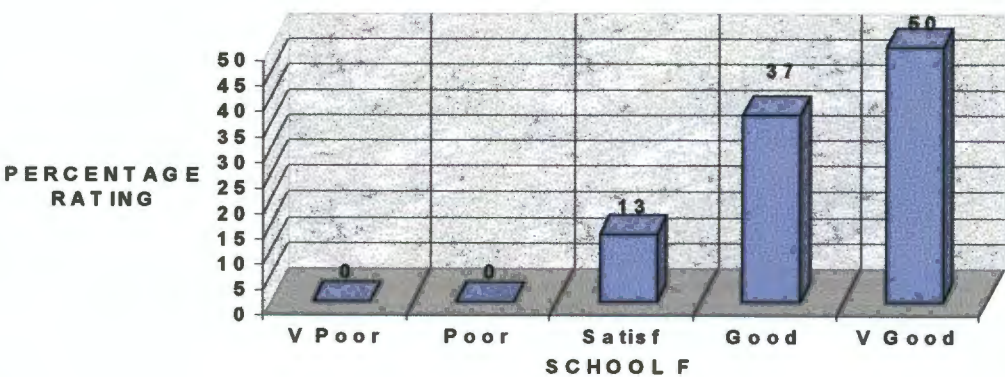


Figure 19: Rating of Service Provided by School F



## 5.2 Staff Questionnaires

As in the Parent Questionnaire, the Staff Questionnaire was constructed around themes of:

1. Knowledge of disability and related issues.
2. Amount and nature of contact between staff and parents.
3. Participation, consultation and decision making.
4. Perceptions relating to meeting of needs and quality of service.

Comprehensive findings from the Staff Questionnaire are shown in Appendix H. The percentage response rate of staff from each school is shown in Figure 20 below. Teachers comprised 43% of the respondents while therapists and other paramedical staff made up the remaining 57%. The low response rate from School D should be noted and findings from this school should thus be interpreted with caution.

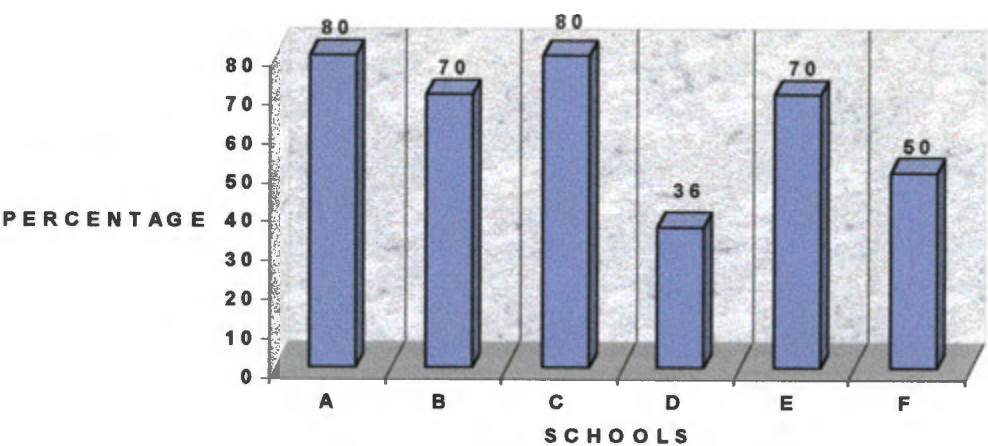


Figure 20: Response Rate of Staff members

### Knowledge of disability and related issues:

The majority of staff at all schools, regardless of profession, is aware of each child's disability. A large number of staff, with the exception of School E, feel that they still need to know more about such disabilities.

Inspection of all questionnaires revealed that of all those staff members needing to know more about pupils' problems, 76% were teachers. Staff from all schools commented that there is always a need to know more about conditions affecting pupils in their care.

Most staff feel empowered to find out more about any child's problems i.e. the school provides a climate conducive to learning about specific disabilities. Some schools appear to provide more such learning opportunities than others, but in all schools, opportunities do exist for in-service training.

#### Amount and nature of contact between parents and staff:

Almost all staff report that they are permitted by their respective schools to contact parents of pupils with whom they work. Although they are permitted to contact parents, slightly fewer staff feel that they are, in fact, actively encouraged to do so. However, the disparities here are not significant.

At least half of the respondents contact parents often, while all staff indicate that they contact parents either occasionally or often. Thus staff initiate contact with all parents at some time.

All staff feel quite comfortable both initiating contact and interacting with a child's parents. Nevertheless, staff from Schools A, B, E and F in particular, feel that their schools do not enjoy nearly enough contact with parents of young children with disability. This perception is reflected in Figure 21.

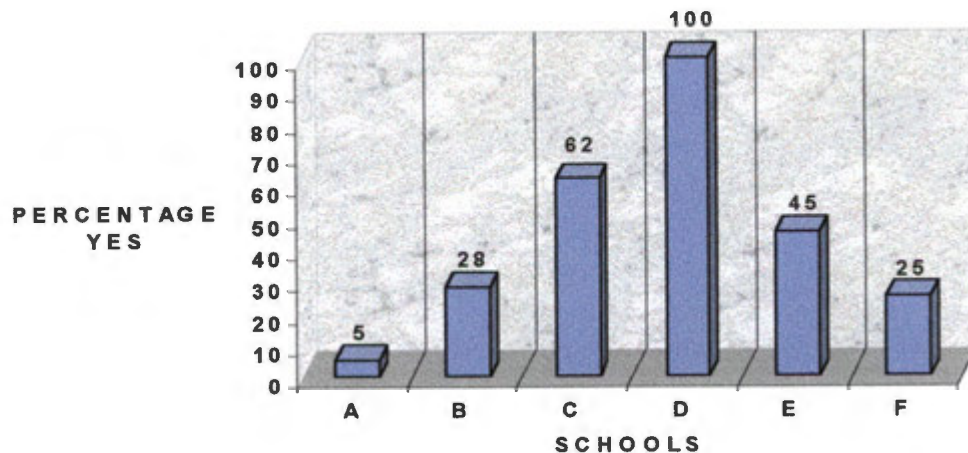


Figure 21: Does School have enough Contact with Parents of young disabled children

All staff from Schools A, B and F would like more contact with parents, while 75% and 73% of staff from Schools C and E respectively, expressed a similar wish. All staff from School D indicated that they have enough contact with parents and only 33% of staff would like more contact.

It is clear from examining staff comments that the situation regarding contact is often unsatisfactory. Staff tend to express feelings of frustration and anger that their attempts to engage in contact with parents are often fruitless, and many appear to exhibit a somewhat judgemental attitude towards parents, describing them as "irresponsible", or as "not making any effort".

Typical comments are included in Appendix I. Limited contact between parents and staff members is associated with limited meaningful interaction between the two parties. Staff perceptions regarding the need for more contact with parents are shown in Figure 22.

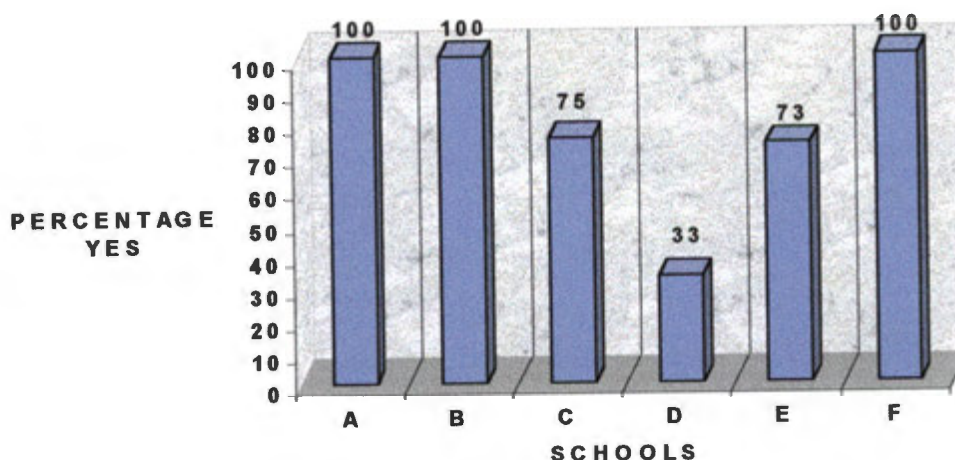


Figure 22 : Wish for More Contact with Parents

### Consultation, Participation and Decision making:

All staff from Schools A, B, C, D and F and 91% of staff from School E participate in team discussions around the child's progress. All staff from Schools B, C, D, E and F, and 90% of staff from School A feel comfortable when participating in these discussions. Whereas every staff member from Schools B - F feels that his opinions are taken into account during decision making around the child's programme, only 80% of staff from School A feel that their opinions are respected during this process.

Staff show a range of responses to being asked their views on parents' participation in classroom, therapy and extra mural activities. Staff from School E indicated that, as parents are involved in their child's day to day classroom activities already, they should not be encouraged further. Staff from other schools, however, generally favour parental participation in the classroom. A number of respondents gave a qualified response to this question, indicating that while they welcome such participation, it should be well organised and regulated. Of those staff members who responded negatively, 42% were teachers, while 58% were paramedical staff. This is an unexpected finding and indicates that many therapists do not necessarily encourage closer contact with parents. Significantly more staff members think that parents should be encouraged to participate in their child's therapy. It is evident that many



teachers who are not enthusiastic about having parents participating in classroom activities, feel differently about parents participating in therapy sessions. Every staff member indicated that parental participation in the child's extra mural activities should be encouraged.

In general, staff members feel that schools welcome some parental involvement in the child's education and therapy. Staff views on parental participation in various aspects of the child's programme are shown in Figures 23, 24 and 25.

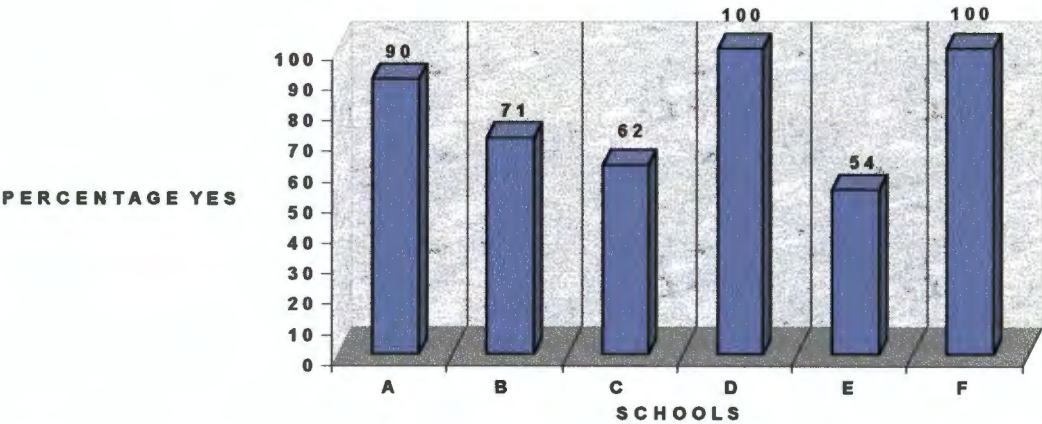


Figure 23: Should Parents be Encouraged to Participate in Classroom Activities with their Children

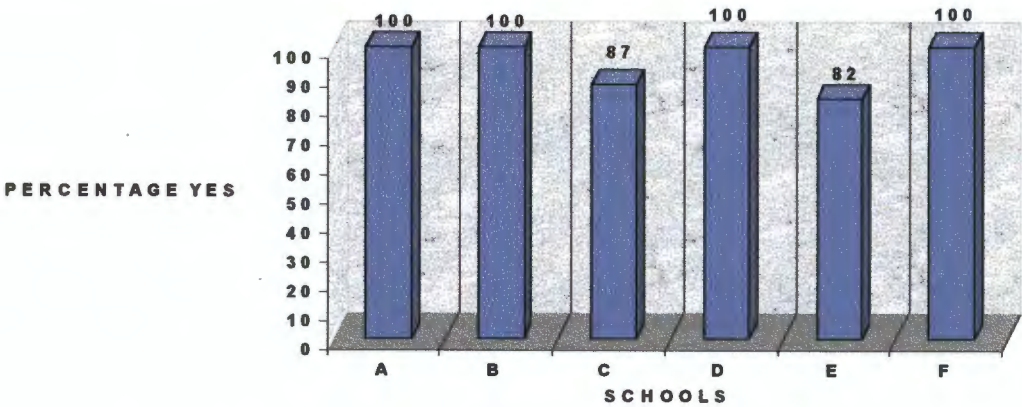


Figure 24: Should Parents be Encouraged to Participate in Therapy Sessions with their Children

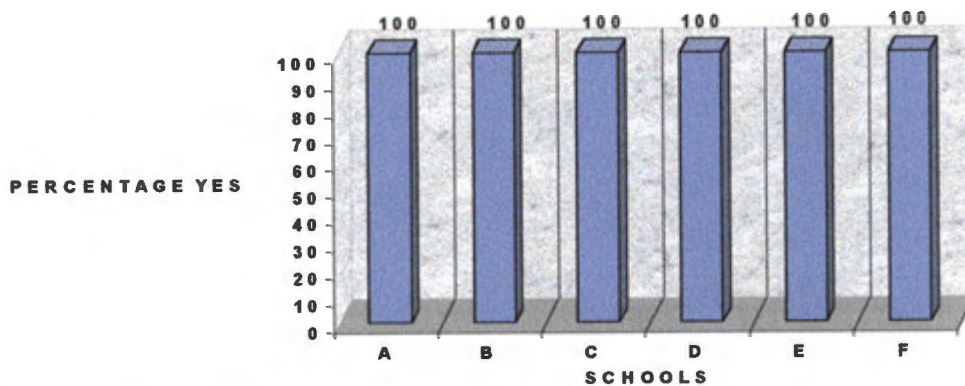


Figure 25: Should Parents be Encouraged to participate in the Child's Extra Mural Activities

Staff perceptions differ on the extent of consultation and decision making afforded to parents. While staff from Schools C and D feel that parents are consulted enough regarding their children's progress, only 15% of staff from School A and 36% from School B indicated that consultation with parents is adequate. Similarly, while all staff from Schools B and D indicate that parents are sufficiently informed on matters affecting their children and have enough say in decision making around their children at school, only 25% of staff from School A feel that parents are afforded enough input in decision making. The degree of openness practised by certain schools in dealing with parents appears to correlate with staff views concerning their involvement in decision making. In School A, where staff indicate that parents do not have enough influence, staff also feel that they are not given enough say in decision making; conversely, in Schools B and D, staff are positive regarding both parents' and their own level of influence in decision making. A statistically significant difference in response between Schools A and B regarding parental consultation was noted ( $\chi^2 = 13$ ,  $p = 0.003 < 0.05$ ). A statistically significant difference in response between Schools A and B regarding staff influence in decision making was also found ( $\chi^2 = 7.5$ ,  $p = 0.006 < 0.05$ ). Figures 26 and 27 show the perceptions of staff regarding parent and staff influence in consultation and decision making.

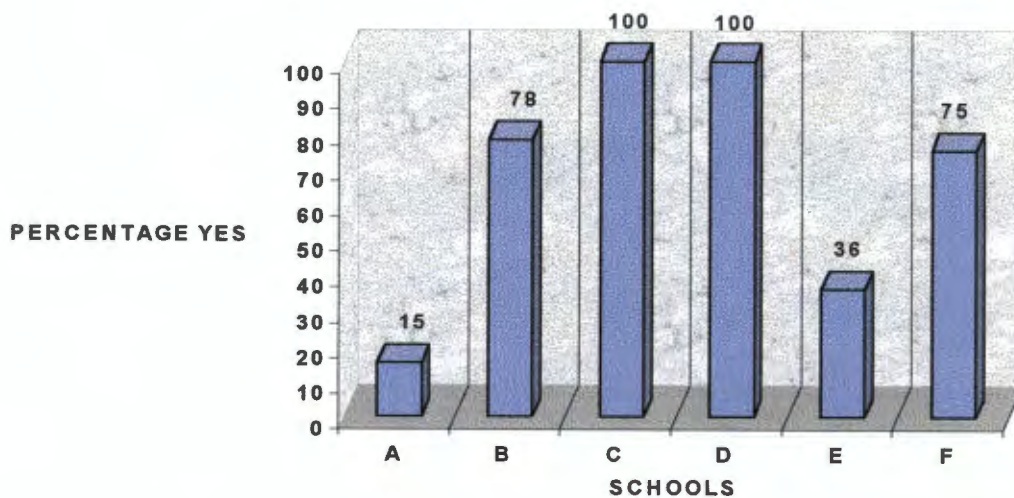


Figure 26: Parental Consultation regarding their Child's Problems or Needs

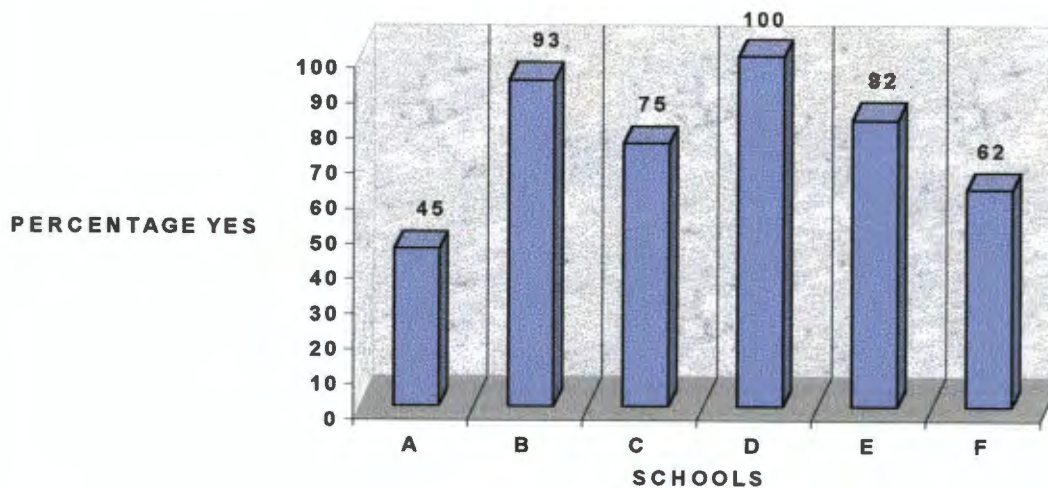


Figure 27: Staff Say in Decision making

Perceptions of meeting of needs and quality of service:

Staff perceptions vary on the extent to which the school they represent meets the needs of parents. With the exception of School A, staff generally feel that the physical needs of the parent of the young child with a disability are met by the school. A statistically significant difference in response between Schools



A and B regarding the extent to which staff felt parent's physical needs were met by the school was noted ( $\chi^2 = 3.9$ ,  $p = 0.0494 < 0.05$ ). However, where Schools A, C, E and F are concerned, staff feel that parents' emotional needs are inadequately met. A statistically significant difference in response between Schools A and B regarding the meeting of parent's emotional needs by the school was also found ( $\chi^2 = 13$ ,  $p = 0.0003 < 0.05$ ). Staff perceptions around the meeting of parents' needs are shown in Figures 28 and 29 .

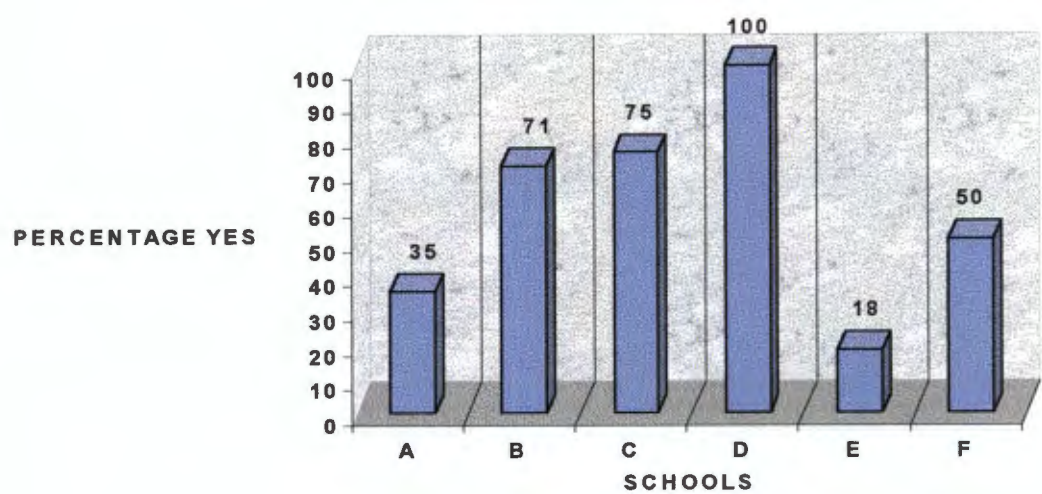


Figure 28: School meeting parents' physical needs

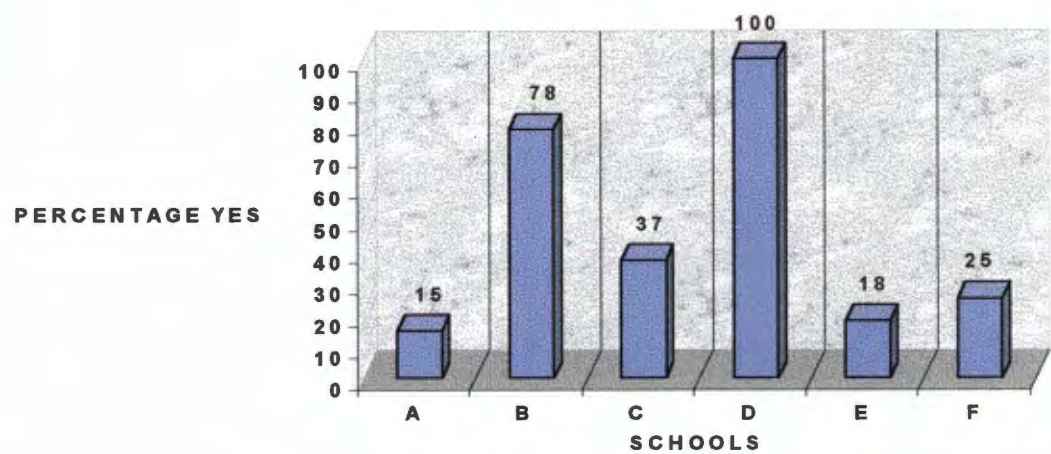


Figure 29 : School meeting parents' emotional needs

Staff in different schools exhibit varying levels of satisfaction with the service they offer to parents. Staff who are more critical of aspects of school functioning, as reflected in negative views of the school's level of contact and consultation, tend to rate their own performances more negatively. Comments expressed on the additional sheet provided also tended to be more negative in tone, often reflecting elements of frustration, helplessness and demoralisation. Whereas staff from School D appear very positive about the service they provide, 35% and 36% of staff from Schools A and E respectively do not feel at all satisfied with their service. These feelings are reflected in staff ratings of the quality of performance of their own discipline and of the service provided by the school which they represent. A statistically significant difference in response between Schools A and B was noted regarding staff ratings of the service offered to parents ( $\chi^2 = 16.47$ ,  $p = 0.00244 < 0.05$ ). A statistically significant difference in response between Schools C and D was also noted ( $\chi^2 = 10.994$ ,  $p = 0.0266 < 0.05$ ).

Those staff who express strong feelings of satisfaction also rate their profession's service and the school's service more highly than do staff who evince feelings of dissatisfaction or unhappiness. Figure 30 reflects the extent to which staff feel satisfied with the service they offer to parents, while Figures 31 - 42 indicate the ratings awarded by staff on the quality of service offered to parents by their own discipline and by the school as a whole.

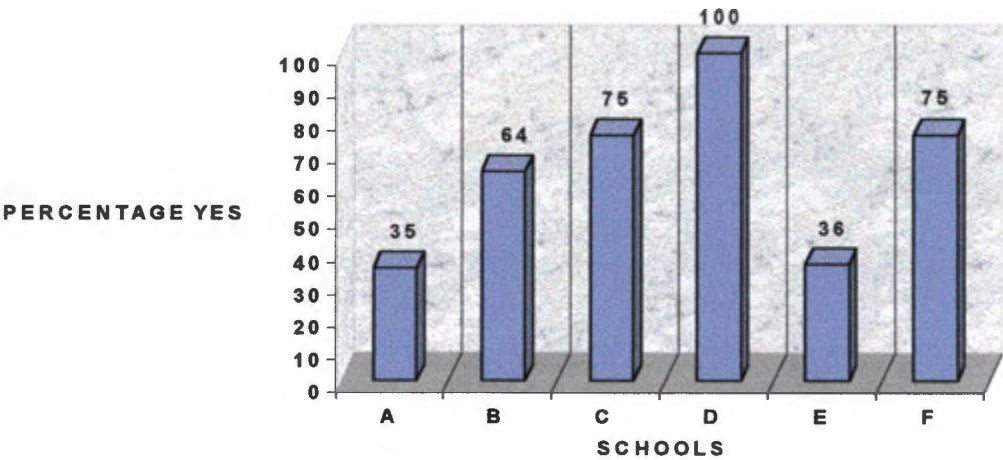


Figure 30 : Satisfaction with Service offered to Parents



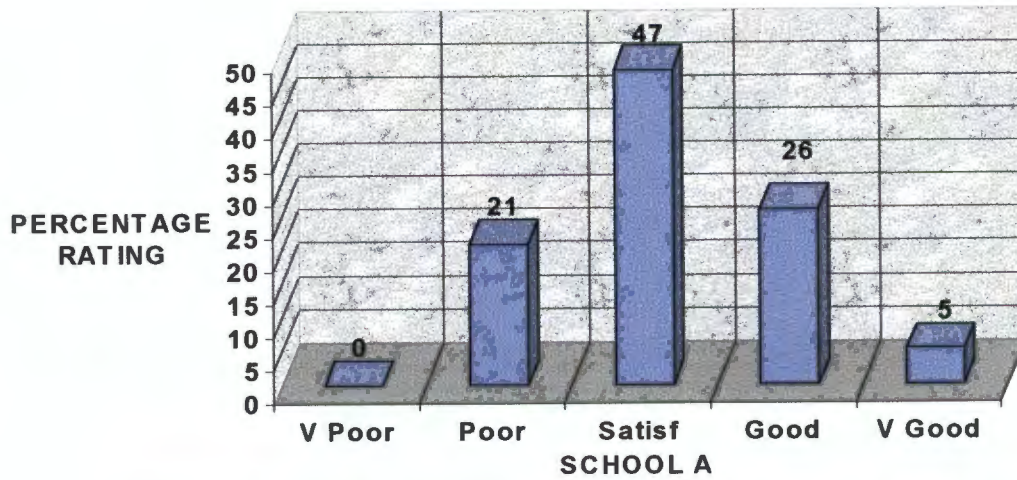


Figure 31 : Ratings of Service offered to parent by own discipline School A

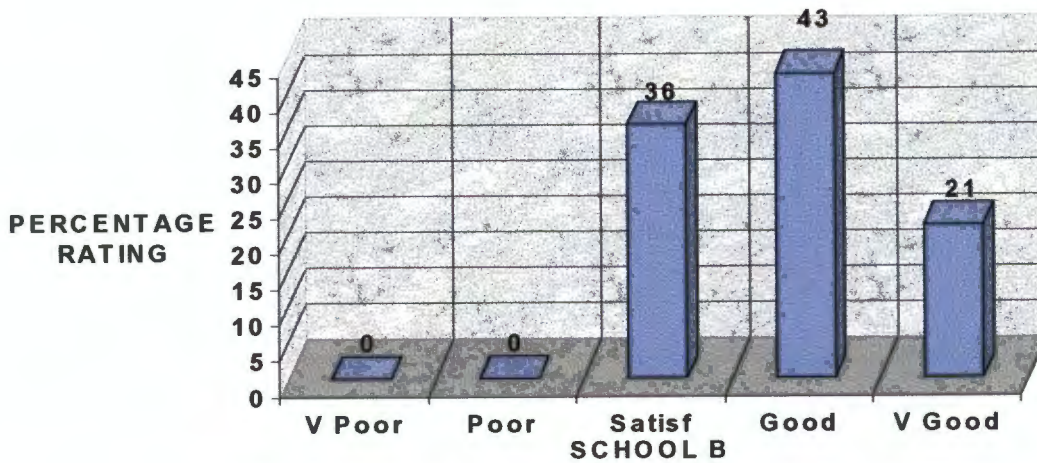


Figure 32 : Ratings of Service offered to parent by own discipline: School B

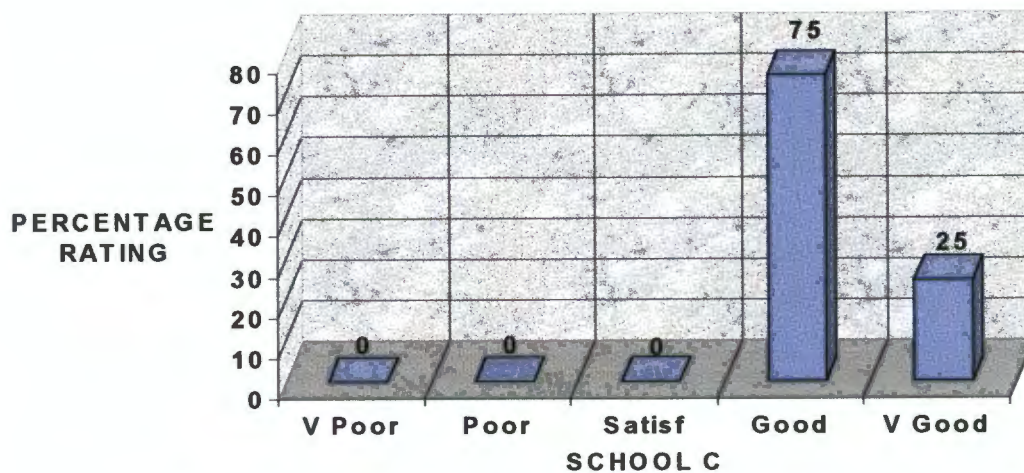


Figure 33: Ratings of Service offered to parent by own discipline: School C



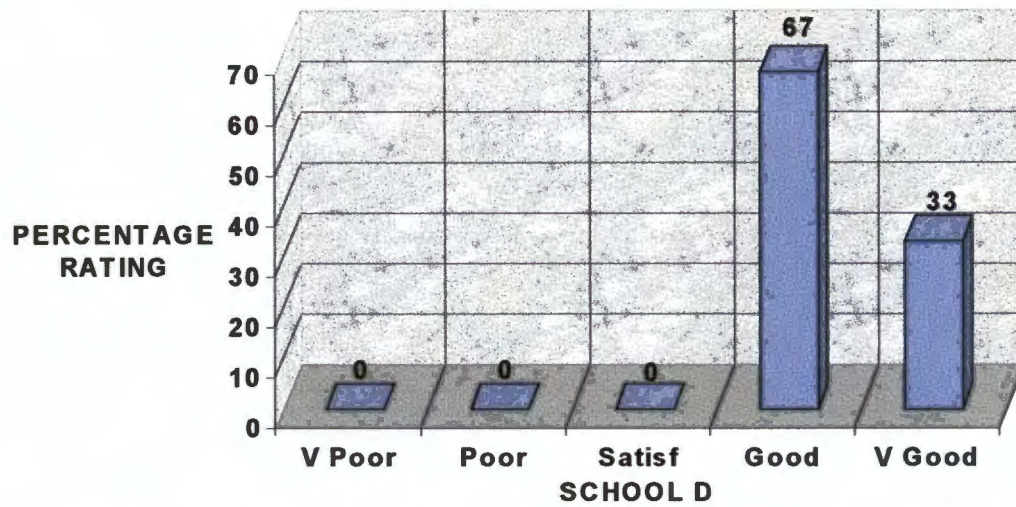


Figure 34 : Ratings of Service offered to parent by own discipline: School D

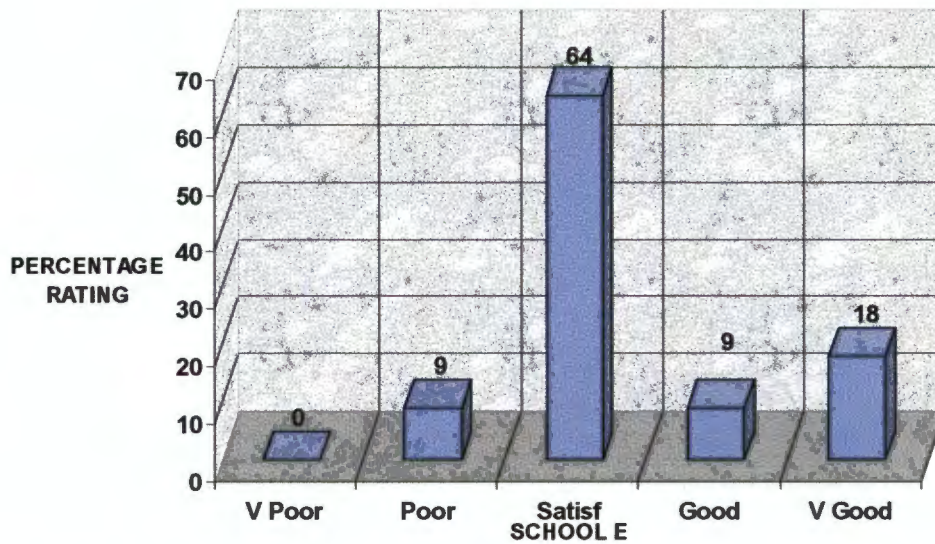


Figure 35 : Ratings of Service offered to parent by own discipline: School E

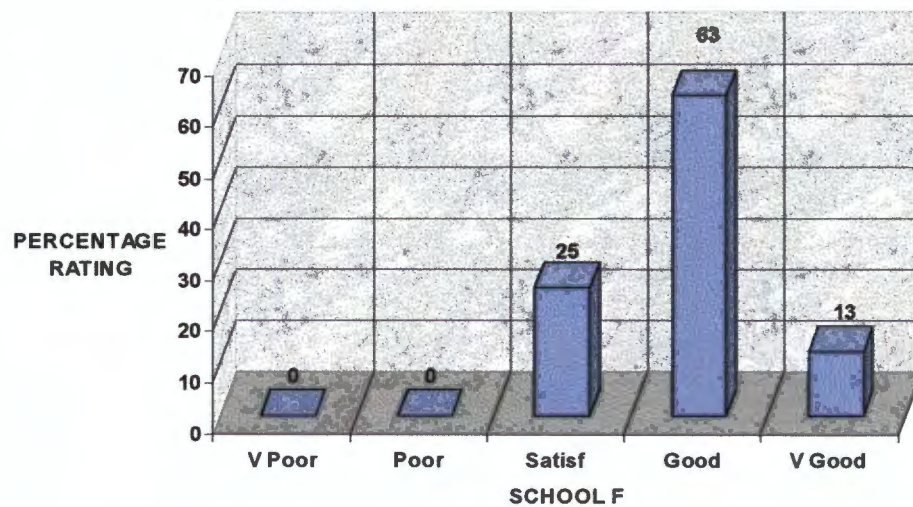


Figure 36 : Ratings of Service offered to parent by own discipline: School F



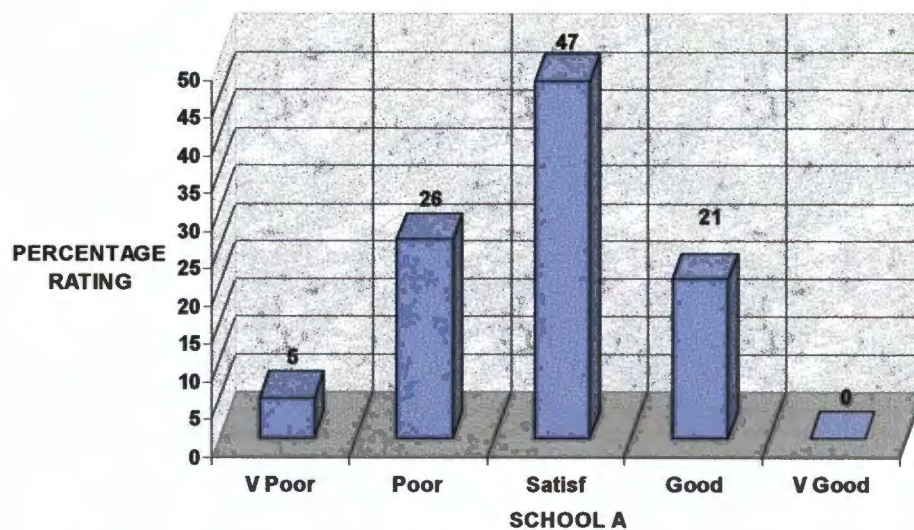


Figure 37 : Staff Ratings of Service offered to parents by School A

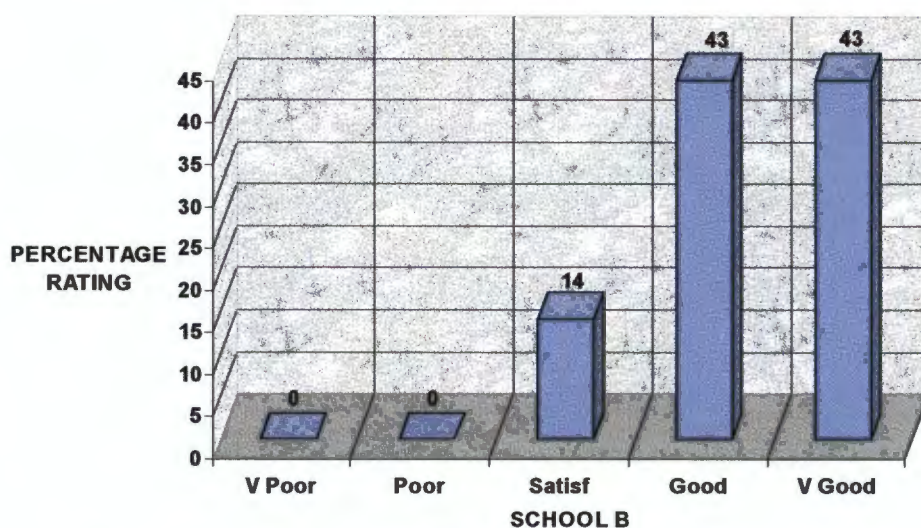


Figure 38 : Staff Ratings of Service offered to parents by School B

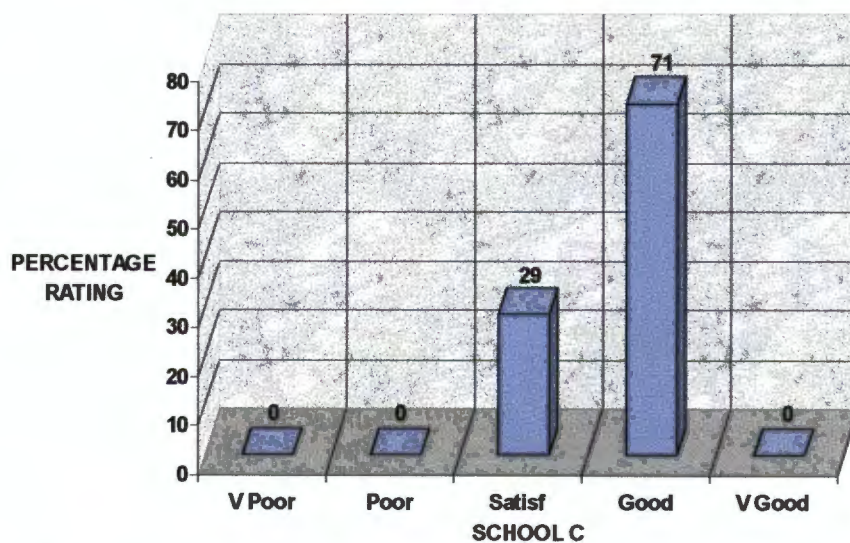


Figure 39 : Staff Ratings of Service offered to parents by School C



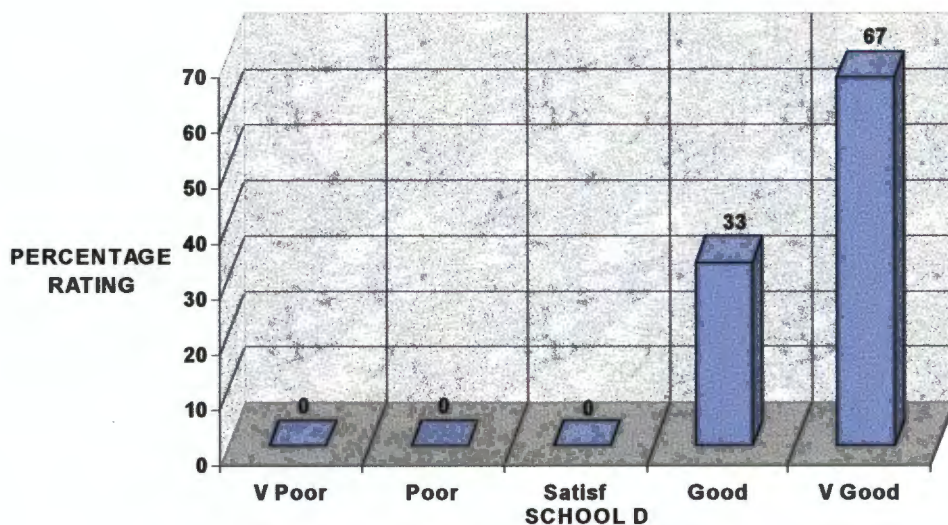


Figure 40: Staff Ratings of Service offered to parents by School D

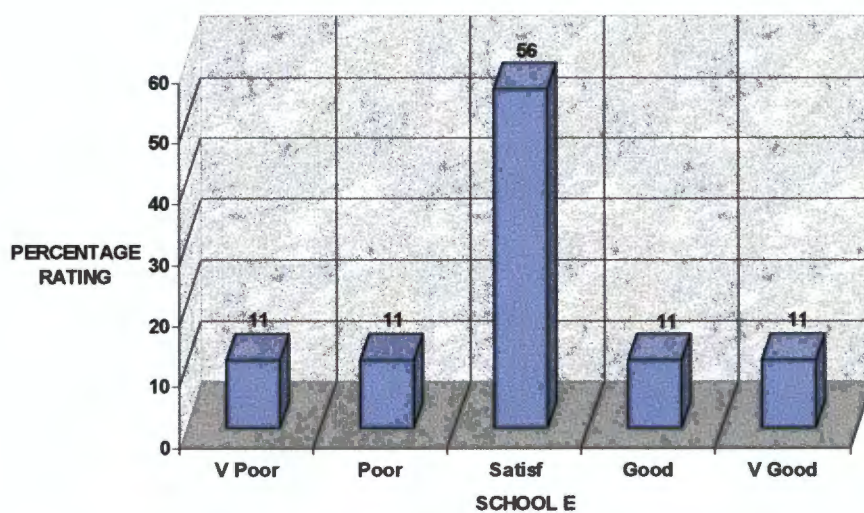


Figure 41 : Staff Ratings of Service offered to parents by School E

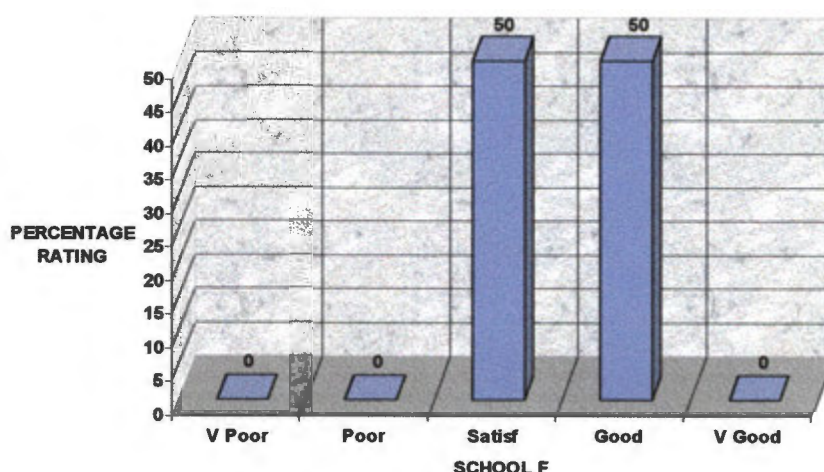


Figure 42 : Staff Ratings of Service offered to parents by School F

Staff suggestions for improving the quality of service at their particular schools tended to concentrate on encouraging parents to attend Parent - Teacher meetings and other fund raising ventures organised by the school. Some staff members did reflect an appreciation of the obstacles faced by parents in reaching the school for these events. They suggested practical ways of resolving these problems eg. by holding meetings at more convenient times for parents or arranging transport for those parents reliant on public transport.

The need for home visits was a recurring theme as a positive means of engaging parents and providing staff with an appropriate perspective of the child's functioning. Many comments, however, tended to address problems of communication and collaboration from the staff member's perspective only. These comments appeared to be somewhat judgemental in tone, often criticising parents as "spoilt" or "disinterested". It is evident that staff members hold very varied views on the extent to which parents become fully involved in their child's school activities.

## 6 Discussion

### 6.1 *Introduction*

This study aimed at examining the underlying subjective perceptions of the quality of service offered by Special schools, as experienced by parents of young children with disabilities attending these schools and by the staff working with these children. The study attempted to find out, via a questionnaire, how parents feel about the school, whether staff members enjoy having to consult with parents and how both parties feel about their respective roles. The study also attempted to ascertain whether parents and staff members feel differently about similar issues or whether they in fact share common ground in their perceptions. The nature of these perceptions forms a basis for parental and staff attitudes and behaviour towards each other. The quality of interaction of this relationship carries implications for the well being and development of the disabled child.

A number of general trends, as well as some specific differences in the subjective perceptions of parents and staff members representing particular schools, were elicited. General trends will be explored first, followed by a discussion of issues relevant to each school.

### 6.2 *General*

Questions in both Parent and Staff Questionnaires focused on a number of themes viz.

1. Issues relating to knowledge of diagnosis and disability.
2. Amount of contact parents and staff members engage in.
3. Level of consultation between parents and staff and relevant issues of participation and decision making.
4. Descriptions of ways in which the school could better meet salient needs, and improve quality of service where necessary.

The discussion of general trends will centre around these themes.

#### 6.2.1 **Issues relating to knowledge of disability**

Both parents and staff members claim to have been informed of the child's diagnosis and disability. Being informed, however, does not necessarily translate into knowledge about the disability. As is shown in Appendix E, a number of parents supplied quite inaccurate diagnoses of their children's

condition, even though they acknowledged having been told of their child's condition. This calls into question the methods used by professional staff to inform parents of their child's diagnosis.

A large number of parents and staff expressed a need to know more about relevant aspects of disability. This need is expressed most strongly by those parents whose children attend schools serving communities of lower socioeconomic status. Those parents who do not feel as much of a need to learn more about their child's disability represent schools catering for children of higher socioeconomic status. It is unknown whether these parents know more because they have been given more information by professional people or because they feel more empowered to ask more questions of these professionals. It is possible that power dynamics between professional staff and clients may account for this finding. Similarly, more staff members from schools in less privileged communities indicated a need to be more knowledgeable about their pupils' disabilities. It is mainly teachers who consistently expressed a need for more knowledge. This is to be expected as paramedical staff are exposed to disability during their training while teachers are not.

It appears that schools do routinely promote some kind of learning opportunities for staff. Possibly the nature of these learning opportunities, the way in which they are promoted and presented and the reasons why they do not seem to be optimally utilised should be looked at. At the same time, ways of empowering parents through providing information should be sought - clearly it is not sufficient to impart information to a parent only at the time of diagnosis. This is often a period of intense anguish, when such information is not always easily absorbed and retained ( 37 ). Even if information is provided to parents on an ongoing basis, it is quite evident that parents still perceive a need to learn more.

Poor knowledge of the child's diagnosis and disability extends further. Many parents have little or no understanding of what their child does during a school day. They also display little knowledge of the roles of different staff members in the child's education and therapy. This has implications for the child's progress - for example, if the parent is not aware that daily stretching exercises are important for maintenance of joint range, or that an anti spasticity splint should be worn at certain times, treatment could be rendered ineffective. Lack of knowledge around the child's disability also holds implications for the parent's understanding of his child's behaviour and expectations around his prognosis.

If it is accepted that partnerships between parents and staff members are essential for the child's optimal progress, then it is essential that both partners learn more about each other's roles in this process. Many parents, especially those from less advantaged circumstances, indicated that they would approach the Class Assistant if concerned about some matter. This serves to emphasise the value and influence of all staff members in the school, whether they are professionally trained or not. If Classroom Aides were

included in the multidisciplinary team and informed of relevant issues around disability, they would presumably be better able to offer appropriate advice and information to parents.

Lack of knowledge of staff roles does not apply only to parents. Many staff members commented on the poor quality of communication between members of different disciplines within the same school, a situation clearly not conducive to improving knowledge of each professional's individual roles and responsibilities. Bearing in mind that few teachers employed at Special schools have additional qualifications equipping them to deal with the child who has special educational needs, the need for exposing teaching staff to the roles of other professional staff members becomes even more apparent.

Again, socioeconomic factors appear to play a part - those parents from disadvantaged communities appear to show least understanding of staff roles, while parents of children attending schools serving a more socioeconomically advantaged community demonstrate a greater degree of knowledge in this area. It can be speculated that privileged parents have more resources enabling them to find out about their child's educational and therapeutic needs than do parents who are burdened by the daily demands of struggling to make ends meet.

#### **6.2.2 Contact between parents and staff members**

Few parents never have contact with the school, while all parents stated unequivocally that they would not hesitate to contact the school if they were worried about some issue affecting their child. At the same time, staff also indicated that they are encouraged by school management to contact pupils' parents, and that they do, in fact, do so. At least half of all staff initiate contact on an occasional basis while fewer contact parents more frequently. Both parents and staff members reported feeling quite comfortable about interacting with each other. Moreover, most parents feel at ease discussing their concerns with different staff members.

While no barriers to contact appear to exist between parents and staff members, many staff members nevertheless complain that parents do not respond to their overtures. Many staff members view contact with parents in a negative light. Parents are often dismissed as "disinterested" or "irresponsible". Furneaux's descriptions of the paternalistic attitudes adopted by staff appear appropriate here ( 30 ). However, this finding should be viewed within an historical context. Until recently, schools and staff did not always welcome contact with parents and many schools adopted a patronising attitude towards parents. Any interaction that did occur often tended to take place within the context of staff member prescribing to parent and not as equal participants discussing shared concerns about the child. It is possible that both parents and staff members are as yet uncertain how to react to this paradigm shift. Parents have not been expected to ask questions or take responsibility for their children in the school situation, while staff members have not been accustomed to viewing a situation from a parent's

perspective. The shift from the "Expert Model" to the "Consumer Model" ( 28 ) appears to be a slow process.

These issues will be expanded on when discussion extends to the nature of parental participation and decision making relating to the child's programme of education and therapy. It appears generally that although the frequency of contact between parents and school seems adequate, its nature, at least from staff perspectives, is not ideal at present. There is, however, an expressed willingness on the part of both parents and staff members to maintain contact with each other.

### **6.2.3 Issues related to consultation and decision making**

Parents generally seem to feel that the school consults with them when necessary. However, fewer parents agree that the school consults enough with them on matters concerning their children. This feeling is more apparent in those schools which have been more hierarchically managed, so that it is also in these schools that parents indicate that they do not always receive enough information on their child's progress.

It is in the area of consulting and informing parents that the differences in attitudes and practice between individual schools begin to be more marked. With only 15% of staff members in School A feeling that parents are sufficiently consulted, as compared with 100% of staff at School C, the range can be seen to be especially wide. Similarly, staff members from different schools differ significantly in their perceptions of whether parents at their particular institutions are sufficiently informed on matters affecting their children.

That a resounding majority of parents wish to participate in team meetings and discussions concerning their children reflects a strong desire to play a meaningful role in the child's education. Furthermore, parents would like to participate in day to day classroom activities with their children; even more parents expressed a wish to participate in therapy sessions. This finding correlates strongly with the opinions expressed by Belknap ( 19 ) and Brummer ( 17 ), who are unequivocal about the importance of parental participation in their child's education and therapy.

Relatively few parents show much knowledge of the roles of the different therapies, and this, coupled with their need to participate in therapy sessions, sends a strong message to therapy professionals that possibly they should examine the way in which they communicate with parents and involve them in treatment of their children.

Most staff members indicate that parents should be encouraged to participate in therapy sessions. Thus while there is a positive attitude, it is in the implementation that breakdown occurs. While staff members, in varying degrees, also endorsed the participation of parents in classroom activities, a

number qualified the kind of participation. The majority felt that it needed to be appropriately planned and arranged for specific times rather than operating on an open door basis. As far as parental participation in extra mural activities is concerned, staff members were remarkably enthusiastic, while the responses of parents were more luke warm!

The desire of parents to participate in aspects of their childrens' education and in therapy in particular, has been emphasised. It should be noted however, that many parents mentioned practical issues such as lack of transport, full time employment etc. which made it virtually impossible to do so. This is borne out by O'Toole ( 34 ) who stated the need for caution in assuming that all interested parents automatically participate in their child's education and therapy. This is especially relevant in the context of a developing country. Even though parents wish to be involved, participation in the conventional sense is thus not always feasible - creative options of accommodating parents need to be explored.

Making informed decisions about one's child, in collaboration with school staff, is the final step in meaningful participation of parents in their childrens' education. Parents from different schools reflect varying degrees of agreement on the level of decision making permitted them in matters concerning their child. Staff members' perceptions show some correlation - in schools where parents indicate they have less say in decisions affecting their child, staff members correspondingly agree. The same applies in those schools where parents feel they enjoy somewhat more influence.

#### **6.2.4 Issues relating to meeting of needs and improvements in service**

When needs are perceived to be met within a particular situation, one can infer a degree of satisfaction with the service provided. The opposite can be presumed where needs are not perceived as being accommodated.

When asked to what extent their physical and emotional needs as parents of young children with disabilities were being met by the respective schools, parents indicated that their physical needs were better accommodated than were their emotional ones. This finding is similar to that described by Sloper ( 23 ) in her study of the extent to which parents of disabled children felt that their needs were met. At least half of the parents at each school indicated that they had certain needs which could be addressed by the school.

It is easier to accommodate physical needs, to the extent that these are concrete in form as compared to emotional ones which differ from person to person and are more abstract in nature. Nevertheless, a Special school has a unique responsibility to nurture parents of children with disabilities and this implies making singular efforts to also meet emotional needs as far as is appropriate and possible. The comments and suggestions made by Jeffree ( 31 ) and Tobin ( 32 ) regarding this aspect are of particular relevance here. Many parents mentioned their need for a support group and this can be seen



to be one practical way of meeting such an emotional need. The establishment of a Parent Support group appears to fulfil a number of functions, including provision of information, emotional support and practical advice.

Interestingly, staff tended to be more critical of the extent to which they perceived parents' needs were met by the school, and, with the exception of School B, staff felt that emotional needs were barely being met. It can be hypothesised that parents generally have no yardstick against which to measure how their needs are being met as the school their child attends is usually the only one they know. The concept of schools meeting any needs other than those specific educational and therapeutic needs of the disabled child is also new and parents have hitherto not expected, let alone demanded, that a Special school meet their individual needs. Thus it is understandable that parents, accustomed to being passive recipients of services offered by Special schools, are unlikely to complain about these services unless a particular issue affects them directly. One should also not exclude the possibility that parents often do not complain or criticise for fear of intimidation of either their child or themselves. Staff members, on the other hand, may have been exposed to new ways of thinking and should thus look critically at deficiencies in the school system, with a view to improving them.

This trend is equally marked when one examines the differences in perception of parents and staff on rating the quality of service offered by the school. Again, in each school, parents rate service more favourably than do staff members of the same school. When it comes to rating the performance of their own professions at any particular school, staff members are only slightly less critical.

It seems then that, in general, staff are considerably less satisfied with services rendered by the schools than are parents, who are the direct beneficiaries of these services. The disenchantment evidenced by many staff should also be seen against the background of uncertainty and insecurity which is currently plaguing all aspects of education in South Africa - poor morale and lack of motivation is prevalent in such a climate and it is not unexpected that staff are questioning their roles and the nature and quality of services they are instrumental in offering.

Therapists and other paramedical staff appear especially critical of the services offered in Special schools. This can be attributed to the invidious positions they occupy within these schools, over and above the existing negative climate affecting all staff. It can also be hypothesised that the training undergone by therapists possibly embraces a different philosophical outlook to that philosophy traditionally employed in Special schools. This results in an inevitable clash of attitudes, and subsequent feelings of frustration and helplessness among paramedical staff. Further research on these aspects could prove of value.



However, staff members, in suggestions to improve services, rarely mentioned such sentiments, focusing more on practical issues which could be adapted or improved. It seems, somewhat surprisingly perhaps, that it is the parents who complain more of the changing situation of losses of posts, budgetary constraints and so on, than do staff. Parents tend to complain most about practical issues, especially as these impact directly on themselves. Clearly, these changes are already affecting children directly and are thus perceived in a negative light by parents, especially those parents who have been accustomed to their children benefiting from all therapies. Most parents also tend to place blame for what many describe as declining standards, at the door of officialdom rather than directly at schools or staff members.

Nevertheless, parents also concentrated on suggesting practical ways of improving services. Typical proposals of parents are included in Appendix G, where it can be seen that the establishment of support groups features prominently.

### **6.3 *Specific schools***

Special schools catering for pupils diagnosed with similar disabilities will be discussed together. Thus School A and School B, both catering for children with Cerebral palsy will be grouped; Schools C and D serving pupils with Pervasive Development Disorder will also be grouped together, while Schools E and F, catering for pupils with neurological and physical disabilities will be combined. In this way, differences among schools serving a common disability may be highlighted.

#### **6.3.1 *School A and School B***

School A is a relatively large, well staffed, and resourced school which has, historically, been hierarchically managed. Philosophies relating to education and therapy appear to be fairly traditional and management tends to reflect this approach. The location of different disciplines in their own areas and the sprawling nature of the school appears to result in little spontaneous interaction between the professions. There is also little inter disciplinary discussion as to what each professional staff member does during a treatment or classroom session with any child. It is therefore significant that although regular meetings are held to discuss each pupil's progress, staff responses regarding their feelings of comfort when participating in these are lower than any other school. That less than half of all staff members felt that they had enough say in school decisions affecting children with whom they were involved, suggests that staff do not feel sufficiently encouraged or empowered to use their own initiative or to take responsibility for making informed decisions. In such a situation, it is not inconceivable that staff exhibit low morale.

Parent responses at School A were also often less favourable - fewer parents than at other schools reported enough knowledge of their child's activities at school, or that enough information was given them on their child's progress; fewer too, felt that the school consulted enough with them or that they had sufficient influence in decision making around their child's needs.

Staff members concurred wholeheartedly with these concerns - very few staff felt that the school had enough contact with the parents of children at the school, while every staff member without exception, wished to have more meaningful contact with these parents. Significantly few staff members felt that the school did enough to meet parents' physical needs, while even fewer felt that parents' emotional needs were being met. Parents, following the pattern remarked upon in 6.2.4, were less harsh in their judgements, although they too considered that their emotional needs were less well accommodated than were their physical needs. Even though parents appeared reluctant to be overly critical, it is significant that the majority felt that the school could improve its service in some way - and many parents made suggestions towards doing so.

With the above borne in mind and with staff rating their own services more negatively than staff at other schools, it is not surprising that their comments reflected feelings of helplessness, frustration and anger. These comments were, however, directed at parents, rather than at the system functioning in the school. Possibly it is less threatening for staff to voice criticisms at a faceless parent body than at a system in which they are employed, and of which they are a part.

The response rate among staff at this school was particularly good, suggesting a high level of interest in and concern with the theme of the study. Where such a high level of motivation prevails, one can presumably hypothesise an accompanying desire to effect changes to the existing system. Further in depth analysis is clearly necessary at School A, so that both parents and staff attain a higher degree of satisfaction with the services offered.

School B caters for the same disability as does School A and serves a similar population but appears, from parents and staff viewpoints, to be a much happier setting. Parents and staff alike feel satisfied with the level of contact and consultation they enjoy. Both parties also indicate that they have enough say in decision making affecting the young child with disabilities. While parents still indicate that they have needs which could be addressed by the school, they nevertheless consider that their physical and emotional needs are met in large measure. Staff concur here, with the majority indicating that parents' physical and emotional needs are being met.

With this generally high level of satisfaction at conditions within the school, it can be anticipated that parents and staff rate the quality of service offered by the school quite highly - which is indeed the case. Even so, staff members voiced concern at the issues of how more parents could be reached and

interacted with. Clearly, this is a committed and motivated staff body, operating within a climate dedicated to rendering a holistic, quality service.

It is not the purpose of this study to delve into the issues as to why this school's profile appears so different to that of School A. However, it is noticeable that School B provides more opportunities for staff of all disciplines to work together. Because premises are limited in size, all therapists, for example, work in one large room. This enables therapists to observe each other's inputs and work together to establish common goals for any pupil. It is hypothesised that this promotes better insight among disciplines and serves to negate professional jealousies and ignorance which may occur in a larger establishment such as School A. Moreover, paramedical staff in School B work in classrooms in collaboration with teachers, so that, again, mutual cooperation and respect between professional staff is promoted.

Staff are committed to work diligently when they feel they are respected sufficiently to practise greater autonomy. This philosophy appears to prevail at School B. The ultimate outcome of such mutual collaboration is a quality service which is evidenced by the percentage of positive ratings and attitudes reflected by parents and staff alike at this school.

#### **6.3.2 School C and School D**

Schools C and D both admit pupils with diagnoses of autism, or pervasive developmental disorder. As noted in 4.5, School C serves a historically less advantaged community, while pupils attending School D generally come from a more privileged background.

Most parents from both schools have been informed of their child's disability but only half the parents from School D, in comparison with every parent from School C, felt a need to know more about issues around the disability. The diagnoses and accompanying comments supplied by parents in the questionnaires support the fact that parents from School C appear to show less understanding of their child's disability. However, there does not appear to be any significant difference in knowledge of staff roles between parents of the two schools. Moreover, the same percentage of parents indicated that they had enough knowledge of their child's activities during a school day.

Staff perceptions are similar to those of parents concerning knowledge of disability. Staff members from School C expressed a greater need to learn more of pupils' disabilities than staff from School D. However, staff from both schools indicated that not only were they encouraged to find out about any child's problems but that opportunities for such learning were provided regularly by their respective schools.

The commonality of perceptions shared by parents from Schools C and D extends to perceptions around the area of contact between themselves and the school. All parents contact the schools at some time, but more parents from School D indicated that they were in contact with the school quite frequently. It is therefore parents from relatively advantaged backgrounds who have more opportunities to contact staff members than parents of lower socioeconomic status. However, every parent from Schools C and D would contact the school if they were concerned about some issue affecting their child.

Almost all parents expressed feelings of comfort in initiating contact and in discussing their concerns with staff members. Staff members indicated similar perceptions around issues of contact. All staff members felt empowered to contact parents, and did, in fact, do so. Staff contact with parents appeared to be more frequent in School D. Regardless of the frequency of contact, staff from both schools felt at ease concerning the process of initiating contact and interacting with parents.

Differences between staff members of the two schools emerged regarding the need for more contact with parents. Whereas the majority of staff from School C felt that the school enjoyed adequate contact with its parents, every staff member from School D was satisfied with the amount of contact. In similar vein, more than twice as many School C staff as School D staff desired more contact with parents of children with whom they were involved. It can be surmised that staff from School D already interact frequently with parents and thus do not feel that more contact is necessary, while School C staff feel that they do not share enough interaction with parents, and therefore need to have more contact. It is apparent from comments contributed by staff and parents that School C does attempt to establish and maintain contact with parents. Parent and sibling support groups are offered to parents on certain weekends throughout the term, while staff members are encouraged to visit pupils' homes whenever this is possible. It is probable that socioeconomic circumstances such as lack of transport, financial and time constraints in particular, make it difficult for parents to avail themselves of these opportunities.

It has long been a characteristic of historically disadvantaged schools that these schools have been hierarchically and autocratically managed with minimal consultation encouraged between staff and parents ( 2, 4 ). However, this situation does not appear to exist at School C, where both staff and parents indicated a high degree of satisfaction with the level of consultation and decision making afforded to them. While parents of this school also expressed a wish to participate more in all aspects of their child's education, many commented that this was not possible, due to their family, work and financial circumstances.

A similarly high level of consultation between school and parents appears to exist in School D, but only half of parents here felt they had enough say in matters affecting their child at school. That all School D

staff felt that parents are afforded sufficient say in decision making may identify an area of potential conflict.

While some parents from School D indicated that they already do participate in various aspects of their child's school programme, it was noteworthy that many parents from this school appeared to want less participation. These parents contributed many remarks pertaining to the level of stress they experience in caring for an emotionally disturbed child, and remarked that they could not cope with increased involvement with their child in the school programme. Such comments clearly demonstrated the feelings of frustration and exhaustion experienced by many parents of children with autism.

While these comments originated mainly from parents of School D's children, it should not be assumed that School C parents are immune from such feelings. School C parents, by virtue of their socioeconomic disadvantage do not write as fluently as those parents from School D and thus may struggle to express these emotions. That parents of young emotionally disturbed children often exhibit higher stress levels than parents of physically disabled children has been highlighted by Ryde - Brandt ( 38 ). The need to establish appropriate support mechanisms in this situation is evident.

Despite such stress, approximately three quarters of parents from both schools indicated that the school meets their emotional needs as parents of young children with disabilities. However, substantially fewer staff members of School C than School D felt that parents' emotional needs were being met by the school. Both parents and staff members rated the services offered in a favourable light.

It seems evident that School C and School D recognise the value of a partnership with parents and attempt to establish this. Socioeconomic circumstances of parents do, however, impact on the effectiveness of School C's efforts. Nevertheless it appears that staff from this school persevere in developing alternative means of reaching out to parents. That parents and staff from both schools rate services positively, testifies to the efforts of all stakeholders to render a quality service to the young disabled child.

### 6.3.3 **School E and School F**

School E admits pupils with a variety of neurologically based disabilities, while School F admits physically disabled pupils. While School E pupils represent a more advantaged community, those pupils from School F are often members of families of lower socioeconomic status.

Almost all parents from both schools have been informed of their child's disability, but significantly more parents from School F felt that they needed to know more about this. The same trend is noted in staff members' responses to issues around disability. It is possible that socioeconomic factors play a role

here. While staff from both schools felt that they were able to find out more about any child's disability, School E appeared to offer more learning opportunities for staff than did School F.

Parents' knowledge around disability extended to an understanding of staff roles and knowledge of the child's activities during any school day. Parents from School E demonstrated a greater appreciation of each staff member's relationship to their child, as well as significantly more knowledge of the child's activities at school, than did School F's parents. Again, it can be hypothesised that socioeconomic factors play a part in the disparities evidenced here.

School E parents appear to have more contact with the school than do parents from School F and fewer parents from School F indicated that they feel comfortable establishing contact and discussing concerns with staff members. Nevertheless, all parents would contact the school if they were worried about an issue affecting their child. Staff from both schools contacted parents, School E staff doing so slightly more frequently than staff of School F. Although all staff reported that they felt quite at ease both in initiating contact and in interacting with parents, less than half of staff from both schools felt that enough contact was maintained with parents. Parents reported similar perceptions regarding contact, with the majority of parents from both schools expressing a wish for more contact with staff members involved with their child. At the same time, most staff also desired more contact with parents. That the desire for a greater amount of contact between parents and staff is not confined to schools serving less advantaged communities, is thus shown by the similarity in responses of parents and staff in both schools.

Differences in perceptions of parents do, however, emerge where issues of consultation and decision making are discussed. More parents from School E indicated that the school had consulted with them and that they were satisfied with the existing level of consultation. Fewer parents from School F reported that they received sufficient information on their child's progress. Even though parents from School E appeared satisfied with the level of consultation, it is noteworthy that only one third of staff from the same school felt that parents were sufficiently consulted with regard to their child's problems and needs. The majority of School F staff members and parents indicated that the amount of consultation between school and parents was adequate.

While almost all School E parents indicated that they were satisfied with the influence they exerted during decision making concerning their child, fewer parents from School F reported the same degree of satisfaction. Again, staff of School E were more critical of the decision making process practised by the school than were parents. Staff and parents of School F were consistent in their satisfaction with the decision making process.

The majority of parents from both schools reported a wish to participate in team meetings dealing with their child's progress. While many were eager to participate in classroom activities, a greater number wished for more participation in their child's therapy. Many more parents from School F, while indicating that social and economic constraints prevented them from becoming more involved in any aspects of the child's daily programme, indicated a wish to participate in their child's extra mural activities. It seems that parents of School E pupils are already involved in these extra mural activities and are reluctant to commit themselves to further participation.

While parents from both schools indicated that the schools welcomed parental involvement in their child's education and therapy, parents from School E remarked that such involvement is of a conventional, traditional nature and does not necessarily imply meaningful participation in education and therapy. These comments are borne out to some extent by staff responses to parental involvement in these aspects. While all staff from both schools welcome parental participation in extra mural activities, only half of the staff from School E, in comparison with all staff from School F, thought that parents should be encouraged to participate in classroom activities with their children. This is an interesting finding and implies that some staff from School E tend to adopt a more traditional approach to the classroom education of children with disabilities. This indicates that it is not necessarily those schools serving more advantaged communities who practise a more open approach to encouraging parental participation in classroom activities. Staff from School E were, however, significantly more enthusiastic about parental participation in the child's therapy.

Responses of parents from the two schools varied over the issues of meeting of their needs. While parents from both schools felt that generally, their physical needs were met by the school, little more than half of parents from School E felt that their emotional needs were adequately addressed; almost all parents from School F reported satisfaction in this area. Parents from School F appear less inclined to criticise this aspect of the service than do parents of School E. It can be hypothesised that socioeconomic factors are implicated here.

However, the trend of staff being harsher in their criticism than parents is noteworthy here, where significantly fewer staff from both schools indicated that parents' emotional needs were being properly met by the schools. This perception appears consistent among staff from both schools and implies that socioeconomic aspects are not always a factor in staff perceptions of the extent to which the emotional needs of parents are met.

While parents rate the quality of service provided by the school relatively positively, staff are consistently more negative in their ratings of the school's services, and somewhat more positive in their ratings of the quality of service offered by their own disciplines. It appears that aspects of services

offered by both schools should be examined in order to optimise benefits to parents and to facilitate improved staff performance and satisfaction.



## 7 CONCLUSION

This study has explored the perceptions of parents and staff around the services offered in Special schools. Differences in perceptions of staff and parents at different schools appear to stem from the nature of the disability catered for, the management style of the particular school and the socioeconomic circumstances of the community served by the school. However, common trends also emerged. These trends focused particularly on the areas of knowledge around issues of disability, participation in aspects of the child's educational programme and the degree to which parents' emotional needs were being met.

The study underlined the lack of knowledge of parents and staff around various issues of disability. These areas included limited knowledge of a particular disability and of the roles of staff trained to work with different aspects of disability. This is an especially important finding as limited knowledge impacts on parent and staff understanding of the child's abilities and behaviour, on their handling of the child and on their expectations regarding the child's progress and future.

Socioeconomic factors appeared to play a large part in determining the extent of parental knowledge of their child's disability. Not only did parents from relatively disadvantaged backgrounds exhibit less knowledge of disability, but many also appeared unaware of the roles of different staff members in the day to day management of their child. The roles of paramedical staff appeared least understood. Those parents from more advantaged backgrounds, while displaying an understanding of their child's problems, still needed to know more about issues around disability. This implies that information provided to all parents should be of an ongoing nature, designed to meet their needs around areas of concern at a specific time in their child's development.

Staff knowledge also appeared to be determined to some extent by socioeconomic factors, as many more staff from those schools serving disadvantaged communities indicated a greater need for knowledge. Staff showed limited understanding of different disabilities and resultant implications for the child and his parents. In addition, staff members also indicated that they knew little about the roles of their colleagues in the management of any particular child. This holds implications for the effective treatment of the child at a Special school.

It is evident that attention needs to be paid to the provision of relevant information to staff on issues of disability. Teachers in particular, felt a need to learn more about issues of disability. Very few educators, in fact, have received training in the area of Special Needs Education. This emphasises the need for providing ongoing learning opportunities.

A second area of concern lies in the need for more contact between parents and staff at different Special schools. This is a need expressed by parent and staff alike and embraces a wish on the parent's part for more participation in all aspects of the child's school programme. It seems, from comments made by staff and parents, that it is only through more contact, participation and consultation with each other, that a meaningful partnership can be established. This would also help towards meeting the emotional needs of parents. When the needs of parents and staff members are met, the young disabled child automatically derives optimal benefit.

Socioeconomic circumstances affect the amount of contact the parent has with the school, as well as the amount of participation in his child's day to day programme. While most parents from poorer communities would like to be able to have more input into all areas of their child's education, especially in therapy sessions, their circumstances do not allow for this. Staff are not always sympathetic to the practical difficulties experienced by parents and often fail to understand the parent's perspectives. The need for a mindshift on the part of some staff members is apparent. The challenge to both staff and parents lies in exploring alternative, appropriate strategies for strengthening the relationship between parents and the school.

Parents of lower socioeconomic status generally indicated greater satisfaction with the services they receive, than do parents from more advantaged circumstances. The reasons for this are not known. Possibly these parents have historically had to be satisfied with inferior services and are not accustomed to being critical of them. Fears of intimidation or victimisation may also prevent parents from expressing criticisms of a school. Poorer parents, with all the other social and economic concerns they have to contend with, are possibly grateful just for the placement of their child, in the knowledge that he will be adequately cared for. Parents of higher socioeconomic status appear to be more ready to demand services and to speak out when these are not properly delivered.

Staff members, regardless of the community they serve, are generally more critical of the services offered by their respective schools than are the parents who are the beneficiaries of these services. One particular area highlighted in this study is the lack of attention to the emotional needs of parents by the school. Possibly, staff are more aware of the "ideal situation" which should prevail in schools and measure their services against this. The negative perceptions reported by many staff members may also be a reflection of the uncertainty and low morale currently prevailing in the Education system. While this emerged as a general trend, it does not, however, exist in all the schools surveyed. In School B, for example, where efforts are made to involve parents and staff as much as possible in all aspects of the child's management, staff report significantly more positive perceptions. It seems that the approach and philosophy practised by a school also impacts on the level of staff satisfaction.

This study has taken place against a background of much change in the country's education system. Traditionally accepted forms of education are being challenged and new concepts are being introduced. The concept of parent involvement in the child's education is relatively new and poses a challenge both to parents who have previously remained uninvolved and to staff who have not been accustomed to having to consider parents' needs and perspectives.

To date, little information pertaining to parent and staff perceptions around current practices in Special schools is available. It is important to find out how parents and staff feel about issues which impact directly on them in their interaction with each other and with the child. This study has been valuable in that the opinions of parents and staff have been actively sought. This has enabled some insight to be gained into the perceptions and needs of parents and staff.

Parents and staff will both be expected to play more active roles in the new structures envisaged by the Education Department. Both parties are beginning to be viewed as equal partners in the educational process and will thus have to learn to work together in an atmosphere of mutual respect. This implies the empowerment of both parents and staff. For this to occur, much preparation, planning, consultation and provision of information to all stakeholders is required.

It is apparent from this study that parents and staff value the idea of a partnership and share similar perceptions in many aspects of the management of the child with a disability. The study has also shown that parents and staff are motivated to work together to the benefit of the child.

## **8 RECOMMENDATIONS**

**8.1:** Parents and staff should be empowered to gain more knowledge around issues of disability.

**8.1.1:** A thorough examination of the process through which information is provided to parents by Special schools about their child's disability and related issues, is necessary. Attention should be paid particularly to the timing of provision of information and the way in which it is provided. It is recommended that information be provided on an ongoing basis, in consultation with parents. All information should be offered in a supportive environment so that parents feel comfortable about asking questions. Staff should be sensitive to parents' questions and should be willing to repeat information whenever necessary.

**8.1.2:** The process through which information about disability and related issues is provided to staff members should also be explored. It is recommended that basic, relevant information regarding disability is offered to all staff members of a particular school as part of an ongoing inservice programme. The need for knowledge among teachers should be acknowledged and inservice training should be tailored to meet their needs.

**8.1.3:** There should also be a recognition of the valuable bridging role played by non professional staff in their interactions with parents. Thus, special attention also needs to be paid to empowering all non professionally trained staff through the provision of information.

**8.2:** It is not sufficient, however, to provide inservice training for educators only at Special schools. The need for appropriately trained Special Needs teachers should be acknowledged at a governmental level. Priority should thus be accorded to redesigning teacher training programmes to incorporate aspects of Special needs education. Moreover, incentives should also be provided to all staff employed at Special schools to attend courses and conferences dealing with issues of Special Education. In this way, learning among staff would be ongoing and would stay in line with current trends in Special education. This would empower staff in terms of their knowledge base, which could in turn influence morale.

**8.3:** The role of Paramedical staff was least understood by parents as well as by educators. Ways in which parents could be better informed of the role of Paramedical staff needs to be explored. At the same time therapists should begin to attempt to involve parents in therapy. Therapists should contact parents regularly and consult with them regarding the child's therapy-related needs.

**8.4:** Insufficient contact between parents and the school also emerged as an area of concern to both staff and parents. An awareness among staff and parents of the value of contact and consultation should be promoted. It is recommended that regular opportunities for increased contact and consultation between parents and staff members be arranged. Such opportunities imply an acknowledgement by both parties of each other's value and contribution to the education and management of the young child with disabilities. The type of opportunities may differ from school to school. They should, in each case, be aimed at meeting the unique needs of the parent community served by each school.

**8.5:** Parental encouragement and support by the school is likely to assist in meeting the emotional needs of parents to some extent. It is recommended that the establishment of a Parent Support group be actively promoted in each school. Such a support group should be established in consultation with all parents and should reflect their perspectives and needs.

**8.6:** This study has focused on parents of young disabled children. However, siblings and other extended family members should also be considered. Research into the perceptions of these family members could be most rewarding and valuable.

**8.7:** Much research needs to be conducted in the field of Special Education. It is only with improved knowledge of all the issues around Special Education that the child with special education needs will receive most effective treatment.

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## **1. Appendix A : Parent Questionnaire**

*See Overleaf*

## **Parent Questionnaire**

Dear Parent,

I am a post - graduate student at the University of Cape Town, carrying out research in the area of Special education. To this end, I am especially interested in aspects of the relationships between parents of children attending Special schools, and staff working with these children. Your cooperation in completing this questionnaire would thus be of much help, and would contribute not only towards a growth in knowledge in this area, but also - if findings indicate - towards an improvement in aspects of the service offered in Special education.

Having a child with a particular disability often means that he or she attends a school which best caters for his or her special educational needs. The link between home and school is always important, but becomes even more so when your child has special problems and needs. As a parent of a young disabled child, you too may feel that you have a specific role to play in the education and therapy provided by the school, and that you have particular rights, duties, responsibilities and needs in this regard.....

Please tick the answer you feel is most appropriate in each question on the following pages; space has been provided at the end of the questionnaire, for you to include any comments you feel are relevant - all responses, comments and observations are appreciated, and will be treated in the utmost confidence.

Thank you very much !

Diane Nurse

**General Information:**

Your relationship to the child:

Your child's diagnosis:

Age of your child:

How long has your child been attending this school?

Question 1: Has anyone told you what is "wrong" with your child? ☐ YES ☐ NO

Question 2: Do you feel that you need to know more about your child's particular disability? ☐ YES ☐ NO

Question 3: How often do you contact the school? ☐ NEVER ☐ SOMETIMES ☐ OFTEN

Question 4: If you are worried about some issue affecting your child, would you contact the school? ☐ YES ☐ NO

Question 5: If you do contact the school, which of the following staff members would you want to speak to regarding such an issue?

Psychologist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Teacher:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Social Worker	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physiotherapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nurse Aide / Class Assistant:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Question 6: Do you feel comfortable initiating contact with staff members? ☐ YES ☐ NO

Question 7: Do you feel comfortable discussing your concerns about your child with staff members? ☐ YES ☐ NO

Question 8: Your child may be involved with one or more of the staff members listed below. Please give an example of what you think each of these staff members does with your child during a school day:

Psychologist:

Teacher:

Social Worker:

Occupational Therapist:

Physiotherapist:

Speech Therapist:

Nurse Aide/Class Assistant:

Question 9: Do you feel you have enough knowledge of what your child does during a school day? ☐ YES ☐ NO

Question 10: Do you feel you receive enough information about your child's progress? ☐ YES ☐ NO

Question 11: Have you ever been consulted by the school on matters affecting your child e.g. changing classes, operations needed, behaviour issues etc.? ☐ YES ☐ NO

Question 12: Do you think the school consults enough with you regarding matters concerning your child? ☐ YES ☐ NO

Question 13: Do you feel you have enough say in matters affecting your child at school? ☐ YES ☐ NO

Question 14: Would you like to participate in team meetings i.e. discussions held by all staff members working with your child - regarding your child's education and therapy? ☐ YES ☐ NO

Question 15: Would you like more contact with various staff members involved with your child? ☐ YES ☐ NO

Question 16: If you would like more contact - as stated in Question 15 - with which staff members would you most like to have contact ?

Psychologist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Teacher:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Social Worker	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupational Therapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physiotherapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Speech Therapist:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Nurse Aide /Class Assistant:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Question 17: Would you like to participate more in your child's day to day education in the classroom ? ☐ YES ☐ NO

Question 18: Would you like to participate more in your child's therapy? ☐ YES ☐ NO

Question 19: Would you like to participate more in your child's school extra - mural activities? ☐ YES ☐ NO

Question 20: Do you feel that the school welcomes parents' involvement in their childrens' education and therapy? ☐ YES ☐ NO



Question 21: Do you feel that the school does enough to meet your physical needs as a parent of a disabled child? ☐ YES ☐ NO

Question 22: Do you feel the school does enough to meet your emotional needs as a parent of a disabled child? ☐ YES ☐ NO

Question 23: Rate the quality of the service you feel is offered by the school?

<b>1</b> VERY POOR	<b>2</b> POOR	<b>3</b> SATISFACTORY	<b>4</b> GOOD	<b>5</b> VERY GOOD
--------------------------	------------------	--------------------------	------------------	--------------------------

Question 24: Do you think the school could improve its service in any way? ☐ YES ☐ NO

Question 25: Do you, as a parent, have any needs/ queries which you feel should be addressed by the school? ☐ YES ☐ NO

Thank you again for your cooperation!

Please Note: An additional page is provided overleaf, should you wish to include any further comments.

Additional space for further comments

[illegible]

## **2. Appendix B: Staff Questionnaire**

*See overleaf*

## **Staff Questionnaire**

Dear Staff Member,

I am a post - graduate student at the University of Cape Town, carrying out research in the area of Special education. To this end, I am especially interested in aspects of the relationships between parents of children attending Special schools, and staff working with these children. Your cooperation in completing this questionnaire would thus be of much help, and would contribute not only towards a growth in knowledge of this area, but also - if findings indicate this - towards an improvement in aspects of the service offered in Special education.

The link between home and school is always important, but becomes even more so when a child has special problems and needs. As a staff member involved in the care / education / therapy of such children, you have valuable opinions and ideas regarding your role, rights, duties and responsibilities in this process.....

Please tick the answer you feel is most appropriate in each question on the following pages; space has been provided after questions 28, 29 and 30, as well as at the end of the questionnaire, for you to include any comments you feel are relevant - all responses, comments and observations are appreciated, and will be treated in the utmost confidence.

Thank you very much !

Diane Nurse

**General Information:**

Your Designation e.g. Teacher, Physiotherapist Etc.

Approximate Number Of Years Spent Working In Special Education:

**Question 1:** Do you know the diagnosis of most of the children  
with whom you work?

☐ YES☐ NO

**Question 2:** Do you feel that you need to know more about  
any particular child's disability?

☐ YES☐ NO

**Question 3:** Are you able / encouraged, within your school, to  
find out more about any particular child's  
problems?

☐ YES☐ NO

**Question 4:** How often are opportunities arranged  
within your school for you to learn  
more about aspects related to your  
work with disabled children e.g.  
workshops, lectures, etc.

☐ NEVER☐ SOMETIMES☐ OFTEN

**Question 5:** Do you participate in team discussions regarding  
childrens' progress?

☐ YES☐ NO

**Question 6:** Do you feel comfortable  
offering your opinion  
during team discussions ?

☐ YES☐ NO☐ NOT APPLICABLE

**Question 7:** Do you feel that your  
opinions are taken into  
account when decisions  
are made in team  
discussions ?

☐ YES☐ NO☐ NOT APPLICABLE

**Question 8:** Are you permitted, within your school, to contact  
a child's parents, regarding any matters affecting  
the child?

☐ YES☐ NO

**Question 9:** Are you encouraged, within your school, to  
contact a child's parents, regarding any matters  
affecting the child?

☐ YES☐ NO

**Question 10:** Do you ever contact a ☐ NEVER ☐ SOMETIMES ☐ OFTEN  
child's parents regarding  
any matters concerning  
that child?

**Question 11:** Do you feel comfortable initiating contact with a ☐ YES ☐ NO  
child's parents?

**Question 12:** Do you feel comfortable interacting with a child's ☐ YES ☐ NO  
parents?

**Question 13:** Do you feel that the school has enough contact with ☐ YES ☐ NO  
parents of young disabled children attending the  
school?

**Question 14:** Would you like more contact with parents of children ☐ YES ☐ NO  
with whom you are involved?

**Question 15:** Do you think that parents should be encouraged to ☐ YES ☐ NO  
participate in classroom activities with their children?

**Question 16:** Do you think that parents should be encouraged to ☐ YES ☐ NO  
participate in therapy sessions with their children?

**Question 17:** Do you think that parents should be encouraged to ☐ YES ☐ NO  
participate in the school's extra - mural activities?

**Question 18:** Do you think the school does enough to meet ☐ YES ☐ NO  
parents' physical needs?

**Question 19:** Do you think the school does enough to meet ☐ YES ☐ NO  
parents' emotional needs?

**Question 20:** Do you feel that the school welcomes parents' ☐ YES ☐ NO  
involvement in their childrens' education and  
therapy?

**Question 21:** Do you think that parents are consulted enough ☐ YES ☐ NO  
regarding their child's problems and needs ?

**Question 22:** Do you think that parents are given enough ☐ YES ☐ NO  
information regarding matters affecting their children  
e.g. progress in class, progress in therapy etc.?

**Question 23:** Do you think that parents have enough say in ☐ YES ☐ NO  
decisions affecting their child's situation at school  
e.g. changing classes, handling of behaviour etc. ?



**Question 24:** Do you think that you have enough say in decisions affecting the children with whom you work e.g. changing of classes, handling of behaviour etc.? ☐ YES ☐ NO

**Question 25:** Do you, personally, feel satisfied with the service you offer to parents? ☐ YES ☐ NO

**Question 26:** Rate the quality of the service you feel is offered to parents by your particular discipline at the school?

1 VERY POOR	2 POOR	3 SATISFACTORY	4 GOOD	5 VERY GOOD
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**Question 27:** Rate the quality of the service you feel is offered to parents by the school in general?

1 VERY POOR	2 POOR	3 SATISFACTORY	4 GOOD	5 VERY GOOD
-------------------	-----------	-------------------	-----------	-------------------

**Question 28:** What do you think parents could do to improve the quality of contact between themselves and the school ?

**Question 29:** What do you think the school could do to improve the quality of contact between parents and the school ?

**Question 30:** What do you think you, as a staff member, could do to improve the quality of contact between parents and the school?

Thank you again for your cooperation !

Please Note: An additional page is provided overleaf, should you wish to include any further comments

Additional space for further comments

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## **Appendix C : Letter Of Permission To Conduct Study**

22.02.97

**Wes-Kaap Onderwysdepartement  
Western Cape Education Department  
iSebe leMfundo leNtshona Koloni**

Verwysing  
Reference  
Ubhekiso

Dr J.B. Mobbs

L.15/73/7

Telefoon  
Telephone  
iMfonomfono

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Ms D. Nurse  
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Kantoor van die  
Office of the  
i-Ofisi ye

Head: Education

Privaatsak  
Private Bag

9114

Dorp/Stad  
Town/City  
iDolophi/iSixeko

CAPE TOWN

Poskode/Postal Code  
iKhodi lePosi

8000

Faks  
Fax

419-5967

Datum/Date  
Umhla

24 February 1997

Dear Ms Nurse

**RESEARCH PROJECT: PARENT'S AND STAFF'S PERCEPTIONS OF SERVICES  
OFFERED TO CHILDREN WITH DISABILITIES WHO ARE  
ATTENDING SPECIAL SCHOOL**

Your application to conduct research in six special schools in the Western Cape is approved subject to the following conditions:

1. The principals/teachers/pupils are under no obligation to assist you in your investigation.
2. The principals/pupils/schools should not in any way be able to be identified from the results of the investigation.
3. All arrangements concerning your investigation should be done personally.
4. The investigation should not be conducted during the fourth school term.
5. The conditions, as stated in 1 - 4 above, should be submitted unamended to the school principal where the intended research is to be conducted.
6. A brief summary of the content, findings and recommendations should be provided to the Director: Curriculum Management (Research Section).
7. In addition to the brief summary as mentioned in par 6, the Department requires that a copy of the completed report/dissertation/thesis be sent to:

2./....

2.

The Director: Curriculum Management  
Research Section  
Western Cape Education Department  
Private Bag 9114  
CAPE TOWN  
8000

Success in your research.

Kind regards

*ff.* HEAD: EDUCATION

## Appendix D : Results Of Parent Questionnaire

PARENTS				No's	54	31	12	18	9	30
					A	B	C	D	E	F
Figure	1	Response Rate			76	64	50	50	32	67
Figure		Question	1		92	75	85	87	100	93
Figure	2	Question	2		87	81	100	50	40	77
Figure	4	Question	3							
Figure		Question	4		100	100	100	100	100	100
Figure		Question	5		0	0	0	0	0	0
Figure		Question	6		87	94	92	87	100	77
Figure		Question	7		96	94	92	87	100	83
Figure		Question	8							
Figure	3	Question	9		41	59	62	62	80	50
Figure		Question	10		55	72	85	87	70	57
Figure	6	Question	11		63	81	92	87	80	66
Figure	7	Question	12		65	78	92	75	80	70
Figure		Question	13		67	78	92	50	90	60
Figure	8	Question	14		83	87	85	75	80	87
Figure	5	Question	15		83	75	80	50	60	93
Figure		Question	16							
Figure	9	Question	17		80	75	62	37	60	73
Figure	10	Question	18		85	84	69	50	80	80
Figure	11	Question	19		74	75	54	37	30	77
Figure		Question	20		83	81	100	87	100	73
Figure	12	Question	21		72	81	92	75	100	83
Figure	13	Question	22		63	75	69	75	60	80
Figure		Question	23							
Figure		Question	24		33	25	38	75	30	40
Figure		Question	25		41	34	38	50	50	57



Q 23														
Parents	V Poor	Poor	Satisf	Good	V Good	SUM	Parents	V Poor	Poor	Satisf	Good	V Good		
School A	0	0	12	17	25	54	School A	0	0	22	31	46	Figure	14
School B	0	0	19	11	1	31	School B	0	0	61	35	3	Figure	15
School C	0	0	1	3	8	12	School C	0	0	8	25	67	Figure	16
School D	0	0	1	5	2	8	School D	0	0	13	63	25	Figure	17
School E	0	0	1	6	2	9	School E	0	0	11	67	22	Figure	18
School F	0	0	4	11	15	30	School F	0	0	13	37	50	Figure	19

## Appendix E: Examples Of Diagnoses Supplied By Parents

Cerebral Palsied      Gestrem

Gesond    Meningitis   Spastic Diplegic   Hemoplegic   Fits   Spina Bifda   Speech problem   Autismic   Nee  
Weet nie   No   Nie seker   M.V.A.   Physically disabled   Arthrogryphosis   P.D.D.

## Appendix F : Examples Of Parents' Descriptions Of Roles Of Staff Members

### **PSYCHOLOGIST**

Teach the child to use his mental ability.

Coping skills.

Monitoring his daily/ weekly psychological behaviour.

Not yet.

Speak about problems.

Don't know.

Mental state of mind.

To see if he is a little nuts.

Tests the mental progress of students.

How the child's mind functions.

## **TEACHER**

Educational aspect.

Educate to appropriate level. Is giving him some knowledge.

Teaches cooperation.

Representing staff members to parents.

Educate children.

Gee onderwys.

Preprimary tasks and activities.

Teaches.

Plays games - Behaviour modification.

School syllabus - Education.

Word building, writing, music lessons.

To help her use every part of her body.

## **SOCIAL WORKER**

Domestic problems.

Analysing child's social welfare.

Speak about the child's welfare.

Nothing.

Welfare.

## **OCCUPATIONAL THERAPIST**

Testing skill and capabilities.

Coping skills.

Watching if the child is progressing.

Don't know.

Help the child with physical exercises.

Helps with occupational side.

See to his finer skills.

Basic to extensive ability eg. Fine motor skills, dressing, recognition of shapes.

No idea.

Works side by side with Physiotherapist.

## **PHYSIOTHERAPIST**

Gee Physio.

Monitoring improvement / decrease in physical and muscular stimulation.

Giving him exercise to help him cope with his disability.

Trains her how to do things on her own.

Development of body movements.

Gives Physio to stretch muscles.

Helps to build his confidence and communicate with others.

To give her help and guidance.

Physical exercise.

Help the child to use his muscles.

See to his body parts etc.

To see what his actions are.

## **SPEECH THERAPIST**

The way she can use words when she speaks.

Teach / develop speech.

Assisting in speech improvement.

To see if she speaks well.

Don't know.

Helps to pronounce words correctly.

Don't know - he is non verbal.

See if he knows certain things.

See if he can speak properly.

## **CLASS ASSISTANT / NURSE- AIDE**

Assist child with medical and educational needs.

When she's sick, they heal her.

For special injections.

Helps +++++.

Don't know.

Preprimary tasks and activities.

Assisting class teacher in daily routine.



## Appendix G : Samples Of Parents' Comments Regarding Services Provided By Special Schools

Additional space for further comments

They could have more parent/teacher meetings at least once a month. Hereby they could inform the parents of the child's achievements for the month. The parents will also get to know the child's weakness, and thus will be able to help the child to improve on his/her weakness. The teacher and the physio gives me enough info of his achievements, but I didn't get any from his speech & Occ. therapists. They should at least write a little note informing me what they're busy with, so that I can help him at home which I am always willing to do.

As a parent of a disabled child I can honestly say, there are times you feel you can not cope any longer with the child's ways. At all times I know there is someone I can turn to in times of need. I go to the school and have a nice chat with the social worker, the teacher and the Nursing Sister. They help a lot, to set my mind at ease.

Additional space for further comments

WE THE GUARDIANS  
e MOTHER OF BRONWYN ARE  
SATISFIED WITH THE PERFORMANCE  
OF PERSONELL. BUT WE  
WOULD LIKE TO KNOW WHY SHE  
CANNOT TELL US WHEN SHE DIRTYs  
OR WETS HERSELF. WE ALSO APOLOGISE  
FOR NEVER ATTENDING MEETINGS AND  
FUNCTIONS. WE DO NOT HAVE TRANSPORT  
TO GET THERE BECAUSE IT IS WELL  
OUT OF THE WAY. BESIDES STAYING  
IN A AREA WHERE VIOLENCE IS  
A EVERYDAY HAPPENING.

WE WOULD ALSO LIKE THE SOCIAL  
WORKER TO PHONE US ON BRONWYNs  
PERFORMANCE AT SCHOOL EVERY WEEK.  
WE DO TRY TO HELP HER WHERE  
WE CAN.

MYSELF e MRS . . . WHO IS HER  
GODPARENTS AND WHERE SHE IS STAYING  
DO HAVE A FINANCIAL PROBLEM.

WE STILL WAITING FOR A GRANT  
FOR HER IT IS NOW 1 YR 4 WEEKS  
AGO WE APPLIED. WE WILL APPRECIATE  
IT IF YOU COULD CONTACT MR. ENGEL  
AT RED CROSS HE IS HER SOCIAL  
WORKER HANDLING THE GRANT SITUATION.

THANKING YOU FOR ALL YOU'VE DONE  
MR . . . (Mike.)

Additional space for further comments

I feel that my child is finally making progress in her schoolwork and welcome the interaction we as parents can have at home (homework). I do accept that her condition/disability is the main factor for her "slow" progress in this regard.

I am however gravely concerned about two other matters:

(A) Physical: This development is rather slow considering the fact that with my own medical aid the child has access to most aids. The fact that she was put in Evos was based on my trust in their personal attention and professionalism. The correction of her walking pattern and straightening of her feet - even with aids, seems very slow and is resulting in corns and callouses on her feet which further delay development.

(B) Emotional: Whilst being treated as a normal child at home she displays normal behaviour considering her condition. On many occasions she arrives home with new undesirable traits which apparently stems from emotional stress & upset at school. These presumptions are based on her narration of occurrences during school hours.

The accommodating and cooperative attitude of staff can improve twofold if communication with the school improves.

Additional space for further comments

QUESTION 22: I would appreciate / welcome further invitations to the "Parent Support Groups". They've stopped inviting after my daughter's birth at ... for 2 yrs. I'm not sure whether the Support Group has stopped, or if it's only for new parents" to Eng. I feel that I still need the support of other parents, teachers & therapists. My contribution could also be a support to another parent. I've found that they had solutions to a lot of my problems, coping as a single parent. Parents have a way of strengthening one another. We also need to communicate in order to educate each other. This way we learn to understand our children better.

QUESTION 24: The staff is extremely unfriendly to visitors. Reception and Secretaries need to smile more and be more helpful. Staff in corridors need to nod or greet in some way to make the already nervous parent feel at ease. I think it's nice for them not to be polite - even to strangers on the school property. The telephonist should be more pleasant when answering the telephone. She should be aware that she is a ambassador for when she answers the telephone.

QUESTION 25: My earnest concern is the fact that ... is losing so many of it's well-qualified therapists. It's always sad to see them leave. My daughter's had to adjust to at least 3 speech therapists in 1995/96. My plea to all therapists at

"Don't leave our country - our children need you. Their parents need your support!"

-thanks.



Additional space for further comments

Dear Diane

As a teacher at the same school, I would like to share my experience with you as a parent.

My daughter started schooling at a Primary School in Mitchell's Plain. When she progressed to Sub.B., I noticed that she could not do the homework that was given. This was in the first term. I spoke to our Remedial teacher and she assessed my daughter and ~~also~~ felt that she would benefit, by having Remedial sessions. Later she was assessed by the entire school team and it was decided that she should be admitted to the school, as there were other areas such as Maths, Phonics and reading that she was experiencing problems with.

She is now in Std. 2. and has matured tremendously and is able to cope with anything that comes her way, thanks to the dedication and commitment of the staff. She is ready to be placed in a "Normal" school environment, but refuses to leave.

Goodluck .

Additional space for further comments

Comments on question 14; I cannot say yes/no because I never ~~for~~ took part in discussions before. I am very much shy to talk to people. If I can only take part in discussions writing my points down.

Another comment for question 11

~~For~~ can give an example

The other day my child ~~was~~ <sup>had</sup> some fits at school. I was told everything about that i.e. how long, which parts of the body were involved? and also I was advised to go to hospital to see a doctor who will tell me what were the causes.

Additional space for further comments

- sometimes my son waits for the bus in vain when the driver never phone to say that there is something wrong with the vehicle or that he will be late.

Some people sometimes let me feel out of place with such comments as 'it's very sensitive'.



Verdere plek vir opmerkings:

- ① Hiermee wil ek graag vrae of daar nog fisio-oefeninge gedoen word want Allen praat nie meer daaroor nie.
- ② Die baie Veranderinge Van klas-  
Onderwyseresse wat Allen het.
- ③ My as Ouer se groot Vraag is, in  
watter Standard is Allen tans vir die  
drie jaar.
- ④ Volgende Vraag hoe laat die Skool  
uitgaan, want om dae kom Allen  
15h30 en dan 16h05 by die huis  
van Vervol 17h20 Soggens.

Ek voel baie sterk daaroor dat gestremde  
kinders, veral versterklik gestremde  
kinders, nie net van skool toe GESTUUR  
moet word nie, maar dat is oer betrekke  
moet wees by die WYSE HOE die  
kind gelei word. Hoe kan ons ons  
kinders help as ons geen benut het  
van wat hulle elke dag doen nie?

Dit is veral belangrik aan die begin.

Ouers moet ook nie verag dat ondersteuning,  
fisies of emosioneel, na hulle toe conge-  
step gaan kom nie. Minner jy betrokke  
raak by jou kind se skool, met die  
onderwyser of ander ouer, and jy oerindig  
baie ondersteuning.



Additional space for further comments

NAzeem is a very sweet boy ~~we~~ as parents love him very, very much. He is so helpfull, he likes to help with little things like washing dishes, take the broom and sweeps out whenever he baths he packed his clothes away and put his shoes under the cupboard. He likes everything to be Neat, clean and tidy. Sometimes I am suprizid in NAzeem's becuase he's so cute. He likes to greet and say "good" Morning" or Hullo". Since NAzeem attending ~~in~~ Autistic School there is a great improvement ~~in~~ his ~~speech~~ speech. He was so with drawn and shy, but now NAzeem is so open up and I think he likes to go to school. He learns very nice and I am so praud of him. Sometimes it is a little difficult to rise a child like this but I am so glad for ~~the~~ Schools' staff. They really help me and my child a lot.

Additional space for further comments

I am very gratefull to ~~the~~ staff and teachers for there ~~work~~ work. Without them I don't think I would have been able to cope with my handicap child. My son has improved so much over the 25 yrs he has been there. They are a wonderful staff and very understanding. I never thought that my son would ever be able to do the certain things he is doing to-day. I just can't thank them enough.



Verdere plek vir opmerkings:

Ek as ouer is baie tevrede om in kennis gestel te wees oor al hierdie dale. My kind is vir my 'n groot plesier in my lewe. Ons kom goed oor die weg. Hy sê vir my wanneer hy siek is. Hy is ook vir my wat hy alles in die skool doen. Ek het ook iets baie belangrik om in u gedagte te lê. Hierdie vraag is ~~ter~~ vir my baie onduidelik. Die professor by Tygerberg Hospitaal het vir my verduidelik maar ek verstaan nog nie. U sal ook opmerk dat ek nie 'n kruisie daar gemaak het nie omdat ek onseker is. Laaste wat ek kan onthou is dat die dokter vir my gesê het dat my kind nooit sal loop nie en die groot fout in sy spiere is <sup>en</sup> ~~dat~~ hy ly aan spierdistrofie. Hy het ook 'n nier-enblaas probleem. Daarom sal ek dit waardeur as sy klasonderwyseres hom altyd aandagtig sal maak om sy blaas so leeg as moontlik te hou.

-Baie dankie

Van Jason se mammië

Verdere plek vir opmerkings:

Ek dink nie daar is nog 'n skoolsoes... nie. Ek het in die algemeen geen betwyffeling in die onderig van Eros skool nie. Candice is nou drie jaar by... skool teenwoordig, en vir hierdie drie jaar het daar net wonders in haar opvoeding gebeur, sy doen baie goed by hierdie skool. Ek het nog nooit spyt getel met die onderig van die skool nie, ek is net elke dag dankbaar, en trotse hierdie Candice.



Additional space for further comments

MY CHILD HAS BEEN AT . . . FOR  
FOR FIVE YRS. AND I WAS VERY PLEASED  
WITH THEIR TEAM'S WORKING WITH MY  
CHILD. IF MY CHILD WAS UNHAPPY OR  
~~WITHDRAWN~~ WITHDRAWN IT WAS PICKED  
UP IMMEDIATELY. BUT AT . . . NOTHING SEEMS  
TO HAPPEN. MY CHILD HAS BEEN UNHAPPY  
SINCE HE STARTED THERE. AND CAN  
CONCENTRATE BECAUSE OF THAT, AND NOTHING  
IS BEING DONE ABOUT IT. IT SEEMS  
TO ME THAT IT DOESN'T EVEN GET NOTICED  
I AM SORRY IF I OFFEND ANYBODY  
IN ANY WAY BUT THAT'S JUST HOW  
I FEEL AS A MOTHER.

MRS. E. LANGEVELD  
E. Langeveld

B I AM THINKING OF TAKING HIM  
OUT AS SOON AS I GET A PROGRES  
REPORT. AND THERE WAS NO PROGRESS.

Verdere plek vir opmerkings:

My kind Roxanne is baie gelukkig  
by die skool. Maar is een iets  
wat my wel bekommer, gaan Roxanne twee  
jaar moet maak in elke standaard.  
En sy is baie lief vir haar onderwyssers.



Verdere plek vir opmerkings:

EK as ouer weet dat  
goed na al hul leerings onsien  
daar is baie fasiliteite vir alle  
kinders. die kinders word gegee  
in die opsien. Die skool moet meer  
vergaderings hou. en die ouers is maand  
voor die tyd laat weet. want  
som ouers werk na die. Spesiaal  
Saterdag oggend. of hulle moet  
die ouers laat weet of bel.

I would like to discuss about a grant  
for my son, as my husband and I are  
unemployed. e.g. How to go about receiving  
a grant for Kyle.

When they do have an outing or some  
activity at school to ~~let~~ notify us as least  
a few days before the time because  
the day before we must try and get some  
money to buy things so that the child is not  
left out.

Verdere plek vir opmerkings:

EK is baie tevrede wat  
die skool vir my kind doen  
EK het geen klages nie.  
Gladridge



Additional space for further comments

I am very pleased with the way my granddaughter is <sup>being</sup> taken care of at school.

I would like to know more about her disability and what is still to be done to improve the way she walks. I am very interested in learning more about how to help with any exercises that can be done at home. As far as discipline is concerned I would also like to know how I should treat her as she likes to cry whenever she can't have her way.

Question 8-13 I feel that I would like to ~~to~~ consult with each staff member who has any part in my daughter's well being.

I am very happy with the way she is being taken care of and am pleased to see that she is also happy and very eager to go to school. She talks a lot about everyone at school and she also likes her bus driver Mr Scheepers.

I am eager to learn more and willing to listen as well.

Thanking you. Mrs

Additional space for further comments

Improving the service will take money so I think the school is doing a very good job in the current economic & political situation.

Additional space for further comments

I do not like social workers including  
any body ~~being~~ <sup>who</sup> interferes with my life.

I am a person who is unemployed  
I have a lot of problems when it comes  
to finances and my social life, with  
Fennell. I feel I cannot handle Fennell  
when it comes to his attitude.

With some of the staff I can  
not handle working with them as  
this is a burden to me.

I do what I can for Fennell including  
his brother. At the moment I am ~~water~~  
under a Social Worker, that has  
been all my life and I sick and  
tired of it.

I do not stay at home with my parents  
or my children, as I find that I can  
not study my course of which I am  
doing now for the last 3 years.

I have tried what I can for Fennell  
and I do not know or believe I can  
do any-thing anymore. After all Fennell  
does not know me that much but his  
Grandmother he knows better.

If you need to contact me I am  
at the number of 7942137 ext 2267  
(This is a hotel number and please not  
mention my name but the name George. (He is  
my fiance.) Thank you



Additional space for further comments

① No progress report received from school or class teacher.

② The child was changed from English medium to Afrikaans medium.

- No Afrikaans literature in her school (Ase. (i.e. Heesbroek).

- The teacher speaks <sup>poor</sup> English to her in class (although it is an Afrikaans class) - I just want to know if it is not confusing to the child?

③ The occupational therapist (Mrs. . . .) is very good at her job. Very concerned about child's progress.

④ The physiotherapist said she doesn't need much physiotherapy - I am happy with that.

⑤ The psychologist (Mrs. . . .) is a very nice lady. Always concerned about child and if she needs there is something that needs discussion - she will contact me.

⑥ The nurse will always let me know if child needs any medical attention.

⑦ I have never met the social worker.

My final comment is that special needs education is being slowly strangled by lack of government funding. Much of a once excellent system is being reduced to crisis management.



Additional space for further comments

I, Barbara think that it is a disgrace that the government has taken out more money as the school runs on a very low budget and if more money was available we the parent would have better education for children with special needs. I also feel that special camps can be made available on holidays for our children and all children with special needs as these children and their families need time away from each other.

Thanking You

MRS. I

Camps where parent to can know that their children is safe and well care for.

I also would like to thank " school for the teacher and staff " as they are doing much more than their duty. I thank You.

God Bless You.

Ps. 91.

Additional space for further comments

It would be very helpful if the therapists  
& teacher give us a <sup>weekly</sup> ~~daily~~ report on their  
progress as well as <sup>on</sup> the exercises they do  
in order for the parents to practise at  
home.

I would also like to know on which limbs  
& education levels (colours, numbers etc.) my  
child need extra attention.

Additional space for further comments

I DO BELIEVE THEY  
CAN GIVE  $\frac{3}{4}$  of AN HOUR MOSLEM CLASSES  
for MOSLEM CHILDREN EVERY DAY AS IT  
IS VERY DIFFICULT PUTTING THEM IN  
A AFTER SCHOOL MOSLEM SCHOOL.  
THERE MUST BE MOSLEM TEACHER AT  
SCHOOL.

THEY DID MENTION SOMETHING LIKE A  
TEN MINUTE PRAYER IN ARABIC BUT THATS  
NOT THE SAME.

THATS ALL.



When a 12 year old is still  
in Sub A and has been at  
the same school since he was  
± 6 years you would expect the  
school to have notified the  
doctor about his failure to progress

Additional space for further comments

THE ONLY COMMENT I WANT TO  
MAKE AS A SINGLE PARENT, IS THE  
THE EXTRA BURDEN ON MYSELF  
FINANCIALLY, IT IS VERY COSTLY BECAUSE  
I AM THE ONLY BREADWINNER IN MY  
HOUSE. I AM GRATEFUL FOR THE  
SCHOOL BECAUSE MY SON ROGER HAS  
PROGRESS IMENSELY.

Verdere plek vir opmerkings:

Sien dat die kind veilig in die  
~~toe~~ bus klim want byvoorbeeld het  
my kind sy knieë in die bus seer  
gemaak en niemand het dit opgelet nie  
Ek wil ook ~~het~~ hê dat hulle moet kyk  
dat die kinders mooi saam speel,  
want die kinders speel baie rof met  
mekaar, of maak mekaar seer. Ek  
het nie veel om te sê nie.

Additional space for further comments

THEY SHOULD HAVE MORE MEETINGS, AND INTER-ACTION MEETINGS WITH PARENTS AND STAFF. I.E. SHOULD FEEL FREE TO SPEAK WITHOUT INTERFERING INTIMIDATION. I HAD FREQUENT PROBLEMS THAT THEY NEVER, SOLVED SATISFACTORILY, ESPECIALLY WHEN MY ONE SON FELL ON HIS HEAD AND IT WAS QUITE BAD. THE PROBLEM WAS SHRUGGED OFF AND TO EVADE ANY OTHER PROBLEMS, I LEFT IT AS SUCH, WITH JUST AN APOLOGY AND GO HOME SORT OF THING. MORE PARTICIPATION WITH PARENTS. GET PARENTS INVOLVED IN THE ACTIVITIES.

MAKE SURE THAT THEY KNOW EVERY DETAIL OF OPERATIONS AND EXACT THE TRUTH CONCERNING FUTURE OPERATIONS.

PARENTS EMOTIONAL NEEDS SHOULD BE MET TO EQUIP THEM EVEN MORE TO HANDLE ANY SITUATION REGARDING THE CHILD IN DIFFERENT ASPECTS. TO LET THAT CHILD FEEL HE IS IN A STABLE ENVIRONMENT. AND TO HELP THEM THE CHILD MOST OF ALL TO HANDLE ANY SITUATION WITHOUT PERCEIVING INADEQUACY.

MORE INFORMATION TO BE MADE WHEN CHILD IS DIAGNOSED WITH CEREBRAL PALSY.

*M. D. L.*



Additional space for further comments

I MR ~~PEREIRA~~ (CAN'T SAY ANYTHING  
BAD ABOUT THE SCHOOL BECAUSE EROS  
IS A VERY GOOD SCHOOL AND SHOULD  
BE APPRECIATED BY EVERY BODY; AND  
I THINK THE SCHOOL COULD IMPROVE ITS  
SERVICE IF WE AS PARENTS AND COMMUNITY  
COULD STICK TOGETHER AND HELP BUILDING  
THE SERVICE BY HELPING WITH DONATIONS, HELP  
VOLUNTEER AFTER HOURS WITH SCHOOL ACTIVITIES  
(CLEANING, ETC.).

I HAVE NO COMPLAINTS  
AND NOW HEREBY FEELS THAT IT IS  
A FANTASTIC SCHOOL WHICH SHOULD BE  
APPRECIATED; AND SHALL AT ALL TIMES  
HELP WITH VOLUNTARY SERVICES.  
/M

Additional space for further comments

I would <sup>like</sup> to meet with the social worker to advise  
me how can I cope with the school funds. I can't  
afford to pay all the financial needs of the school  
because, I'm unemployed with two childrens  
my husband is the only breadwinner at home,  
and he only gets R550,00 per month. It is  
very difficult to cope with all the school needs  
I do want my child to get the best education  
in the <sup>world</sup>, and I know that through your special  
education he is going to be independent, that  
is why I'm striving to do it. I don't know if  
there is something you can help me with. I've  
tried every corner of the country looking for  
a job but there is no one for me it's really  
hard

Faithfully



Verdere plek vir opmerkings:

Geagte Personeel.

Ek Maw. ... is baie binnedruk met die skool se opvoeding, en Edwina is baie gelukkig met die skool, en met die klas onderwysers. Daar is net een probleem, is dit daar kom tege wat Edwina se stoma baie lek is. Bras. Soos sy sê toe kom dit net iemand die sêke stoma bag vervang nie, maar dan met kimbies om die bag gooi, en dan moet sy net se huis toe kom, Ek wêl persoonlik baie onthold, omdat ek stuur vir hulle elke oggende skool toe, en hulle paar wakke is in hulle rugzak. Dit is al probleem wat ek het omdat Edwina daar skool gaan.

Byvoorbait kimbies

Maw. Patricia ...

Additional space for further comments

The only comments is that the Moslem children ~~to~~ could have more Islamic religion at the school. I personally feel that school should have more of these special schools, Because the children are special. Many people should show more of these children around.

Additional space for further comments

DEAR TEACHER

FOR ME THERE IS VERY LITTLE IMPROVEMENT IN LINDSAY'S THERAPY, BECAUSE HE VERY OFTEN USE HIS RIGHT HAND. THE ONLY TIME HE USE IT IS WHEN HE PLAY WITH HIS TOP, ROLLING THE STRING UP. COULD YOU PLEASE SEE THAT LINDSAY GET MORE HOMEWORK, BECAUSE WHEN HE IS FINISH WITH HIS PATTERN SHEET, WITH TAKE US ABOUT HALF AN HOUR, HE WOULDN'T WANT TO KEEP ON WRITING, BECAUSE HE TELLS US THAT HIS HOMEWORK IS DONE.

Yours Sincere

LINDSAY (FATHER)

Additional space for further comments

I would like to know what time the bus come in Hazeldeh, as we moved to a other place. we use to stay in Belgavia and it was near to my work, because I had to see that she get on to the bus. But now we staying a little in a other area and would like to know what time the bus will come here. If it is before 7° clock then it would be find, but if it is after 7° clock then I had to take her to where we use to stay so that she can get on there.

Thanking you for being so kind

Verdere plek vir opmerkings:

EK WIL GRAAG MEER WET  
VAN DIE FISIOTERAPEUT



Verdere plek vir opmerkings:

Ongesien sy nog meer in kort  
tyd in die skool is, is dit  
vir my moeilik om die vrae te  
beantwoord, <sup>maar</sup> dit wat needs ge-  
dein word vertel baie dat hulle  
soveel moontlik vir my land sal  
dein. Die skool dein huis besoek  
wat needs vertel dat hulle be-  
langstel in die kind se probleem  
en die kind se mens by die  
huis. Ek dink ons moet eerste  
vrae wat kan die regering en  
die publiek dein om dit vir die  
kind en die skool makliker te  
maak, want in dorasie, in diensie  
meer geld van die staat en meer  
begrip van die publiek sal dit nie  
net vir die ouer nie maar ook vir  
die skool baie makliker maak.  
Ek dink daar word te min na  
die gestremde kind ge kyk. Wad die  
skool aanbetref is ek tevrede  
en sal ons meer betrokke maak  
en meer leer hier langer sy  
daar is.



Additional space for further comments

First comment I had is that I would like the doctors to remind and tell me about the course that make my child to be like that. Secondly at the moment how is she doing or through her future what is she going to do on her own. To the psychologist I didn't hear anything about her but if I'm making mistakes I would like the psychologist to remind me. Physiotherapist would you also allow me to know how she is doing at the moment. To other things that occurred to her during school hours some at school they didn't tell me unless I saw something wrong to her and ask it then even she is going to tell me but to the important one's they usually tell me. No further comments only these I would like them to put me through of.

Verdere plek vir opmerkings:

Vervoer vir Owers wil nie. By vergoeding en funksie kan ek skool kan wil kom nie. My kind val hartseer as daar is funksie of vergoeding is en ek is as ouers kan nie daar kom nie. Sy wil nie verstaan as ons is die vervoer se ontkoste beloop R50.00. So ons vra kan u hulpe nie iets daarom trent doen nie.

## Appendix H : Results Of Staff Questionnaire

STAFF		No's		19	14	8	3	11	8
				A	B	C	D	E	F
Figure	20	Response Rate		80	70	80	36	70	50
Figure		Question	1	90	86	87	100	100	100
Figure		Question	2	75	93	87	67	45	87
Figure		Question	3	85	93	100	100	91	87
Figure		Question	4						
Figure		Question	5	100	100	100	100	91	100
Figure		Question	6	90	100	100	100	100	100
Figure		Question	7	80	100	100	100	100	100
Figure		Question	8	95	100	100	100	91	87
Figure		Question	9	90	93	87	100	82	87
Figure		Question	10	50	50	50	100	73	50
Figure		Question	11	100	100	100	100	100	100
Figure		Question	12	100	100	100	100	100	100
Figure	21	Question	13	5	28	62	100	45	25
Figure	22	Question	14	100	100	75	33	73	100
Figure	23	Question	15	90	71	62	100	54	100
Figure	24	Question	16	100	100	87	100	82	100
Figure	25	Question	17	100	100	100	100	100	100
Figure	28	Question	18	35	71	75	100	18	50
Figure	29	Question	19	15	78	37	100	18	25
Figure		Question	20	70	93	87	100	82	87
Figure	26	Question	21	15	78	100	100	36	75
Figure		Question	22	55	100	75	100	91	75
Figure		Question	23	25	100	62	100	54	62
Figure	27	Question	24	45	93	75	100	82	62
Figure	30	Question	25	35	64	75	100	36	75

Q 26													
STAFF P										STAFF P			
School A	0	4	9	5	1	19				School A	0	21	47
School B	0	0	5	6	3	14				School B	0	0	36
School C	0	0	0	6	2	8				School C	0	0	0
School D	0	0	0	6	3	9				School D	0	0	0
School E	0	1	7	1	2	11				School E	0	9	64
School F	0	0	2	5	1	8				School F	0	0	25
Q 27													
STAFF S										STAFF S			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 28													
STAFF T										STAFF T			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 29													
STAFF U										STAFF U			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 30													
STAFF V										STAFF V			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 31													
STAFF W										STAFF W			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 32													
STAFF X										STAFF X			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 33													
STAFF Y										STAFF Y			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 34													
STAFF Z										STAFF Z			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 35													
STAFF AA										STAFF AA			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 36													
STAFF AB										STAFF AB			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 37													
STAFF AC										STAFF AC			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 38													
STAFF AD										STAFF AD			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 39													
STAFF AE										STAFF AE			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 40													
STAFF AF										STAFF AF			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 41													
STAFF AG										STAFF AG			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 42													
STAFF AH										STAFF AH			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 43													
STAFF AI										STAFF AI			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 44													
STAFF AJ										STAFF AJ			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 45													
STAFF AK										STAFF AK			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D	0	0	0
School E	1	1	5	1	1	9				School E	11	11	56
School F	0	0	4	4	0	8				School F	0	0	50
Q 46													
STAFF AL										STAFF AL			
School A	1	5	9	4	0	19				School A	5	26	47
School B	0	0	2	6	6	14				School B	0	0	14
School C	0	0	2	5	0	7				School C	0	0	29
School D	0	0	0	2	4	6				School D			

**Appendix I : Samples Of Staff Comments Regarding Services  
Provided By Special Schools**

- \* We try and involve parents as well as staff members in decision making.
- \* Regular (once a week) letters regarding school matters are sent to parents
- \* With the above newsletter information regarding the field of Autism PDD is sent to parents.
- \* In Touch books are sent daily to the parents & they have to respond in turn.
- \* We have a Parent Support Group and a Craft Group (Support group for siblings) once per term.
- \* The staff (teaching as well as non-teaching) receives in service training on a 2-weekly basis.
- \* Every morning a staff meeting of 10 min is held for communication.
- \* If decisions need to be taken all staff members are involved to come to a conclusion & solution.

FEEL STRONGLY THAT PARENTS NEED TO BE 'EMPOWERED' MORE. SCHOOL STAFF & THERAPISTS TEND TO REGARD PARENTS AS 'SIMPLE' AND 'A NUISANCE' WHEREAS, GIVEN THE NECESSARY TRAINING & SKILLS THE PARENTS CAN BECOME THE MOST SIGNIFICANT FORCE FOR GROWTH & CHANGE FOR THE CHILD. I.E. PARENTS CAN ACTUALLY MEET FAR MORE OF THE SPECIAL NEEDS OF A GIVEN CHILD THAN WE GENERALLY GIVE THEM CREDIT FOR. TO TAKE IT FURTHER — IF WE DON'T INCLUDE THE HOME & PARENTS AS PART OF THE PROGRAMME FOR THE CHILD, OUR EFFORTS ARE PRETTY WELL DOOMED.

Additional space for further comments

We have always sent letters to the parents at the beginning of each year, telling them who is treating their child and to contact the therapy department with their questions and needs or to phone for an appointment. We have always left it to the parents to contact us, as they should if they have interest in their child's progress. Some parents never contact us. Perhaps we should then from our side call a meeting with the parents or arrange a home visit.

Additional space for further comments

Our headmaster is very guarded when it comes to parents. I think ~~it's~~ just telling the parents the truth <sup>is treating them like</sup> co-workers. ~~if we don't have enough~~ we only have 2 therapists <sup>from 5 therapists</sup> and therefore children are not being seen or being discharged early. Instead we are not to meant to say this. If we were honest then couldn't the parents work with us & also help get more therapists and we could open the lines of communication more. I don't know - I have often wondered why parents are so uninvolved, is it the nature of the L.D. / C.R. child? Is it that parents feel let the 'experts' now take over.

Additional space for further comments:

Working at \_\_\_\_\_ for the past 10 months  
I've experienced a major lack of interest ~~by~~ in  
the children from their parents. Those who may  
display slight concern are in the minority. This  
really surprises me since one would expect it from  
them to show more interest in their child's  
progress.

However, if at any time interest ~~is~~ indicated  
then, it is rather ~~more~~ of a more criticising  
nature than <sup>genuine</sup> concern.

For this reason, I would really want parents  
to become involved in their respective children's  
school day. They should be approached on a  
regular basis to set aside sometime of their  
off day from work to visit the school.

In this way, they may be granted an opportunity  
to see what is being done and their children  
would too become motivated by interest shown  
by their parents. Our chn are of the kind  
with very special needs, and deserve to  
feel that they are being given that love  
& care from not only staff members at school  
but from members at home. Parents will then  
also have the opportunity to monitor their child's progress  
wholistically.

There is sufficient contact between therapist & parent when the parents are interested enough in their child's progress. Often parents do not respond to the therapists letters or don't bother to see them at PTAs etc. I feel that it is up to the therapist to contact & discuss the child with them on admission & thereafter more of an onus should be on the parent to maintain good contact with the school. Parents should always be contacted when problems arise e.g. splinting, surgery, medication & the implementation of a home program.

Additional space for further comments

Q21: We consult with parents about the problems but with long term planning parents are not consulted sufficiently about what they want for their children. What they expect from the school. It does happen in some cases in our school but not on a large scale.



Communication with the parents happens less often than it used to in the past. due to financial constraints on the parents' side. Also often parents' home circumstances is poor. They cannot afford transport, etc.

Parents need to know that they can come & talk to therapists, doctor or psychologists should they have problems. I think staff should make provision for these talks as parents are part of the team to solve problems and to set goals. I don't know how the school can bring the parents to the school, but I do think parents should be involved from early on.

Parents' emotional needs should be dealt with by having parent groups. This is hampered by 2 factors:

- The area the school is in is not conducive to encouraging out of hours meetings & most parents just cannot physically get there.
- Due to staff shortages, the use of facilities would be a problem.

We would like a welfare officer assigned to work with the families when necessary.

Our psychologists are overloaded with assessing and testing, and should perhaps be more involved with dysfunctional families, or emotionally problematic children/parents.

Even teachers need a counselling session every-so-often!

At the moment I find that we tend to do "everything" for the parent and they have become "spilt" in the process eg. paying of school fees, surgery, hostelling. We try so hard to make life for the child as easy & bearable as possible but we tend to forget about the parent. I think they also need support, counselling and "training" on how to cope with their child, because at the end of the day the child will have to go home. Having a hostel also makes it difficult to get all the parents at PTA meetings & workshops and parents tend to carelessly "forget" that they do have a child at Ecos. We do have a very few parents that are really interested but then "staff" tend to discourage or curb parents from taking responsibility. Some see it as "making waves", "what does the parent want?"

Thank You!

We are short of staff at the moment and struggle to get everything done. Parent contact usually only happen on urgent matters. Teachers don't always realize & appreciate the therapists role in the school & will not always convey knowledge about recent happenings eg divorce in the family to the therapists.